ORIGINAL

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
CRIMINAL DIVISION - FELONY BRANCH

UNITED STATES OF AMERICA	:	**Criminal Case Nos.: 2012CF1008036**
	:	**2012CF3007286**
	:	**2012CF3007288**
	:	
v.	:	**The Hon. Robert Morin**
	:	
MICHAEL DAVIS	:	**Hearing Date: April 22, 2013**
	:	

GOVERNMENT'S NOTICE OF FILING

The United States, by and through its attorney, the United States Attorney for the District of Columbia, respectfully requests that the Court file as part of the record in this case an **Expert Notice Letter with Attachments,** dated March 29, 2013, for inclusion in the court jacket.

Respectfully submitted,

RONALD C. MACHEN JR.
UNITED STATES ATTORNEY

By: _____
ROBERT FEITEL
ASSISTANT UNITED STATES ATTORNEY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of this NOTICE OF FILING was served on Dana Page, Esquire, and Amanda David, Esquire, Public Defender Service for the District of Columbia, 633 Indiana Avenue, NW, Washington, D.C. 20004 by electronic mail, on April 1, 2013.

_____
ROBERT J. FEITEL
ASSISTANT UNITED STATES ATTORNEY

U.S. Department of Justice

Ronald C. Machen Jr.
United States Attorney

District of Columbia

Judiciary Center
555 Fourth St., N.W.
Washington, D.C. 20530

March 29, 2013

VIA E-MAIL
Ms. Dana Page, Esquire
Ms. Amanda David, Esquire
Public Defender Service for the District of Columbia
633 Indiana Avenue, NW
Washington, D.C. 20004

RE: **Expert Notice**
USA v. Michael Davis, 2012-CF1-8036; 2012-CF3-7286; 2012-CF3-7288
Hearing Date: April 22, 2013

Dear Ms. Page and Ms. David:

We are writing to provide expert notice in anticipation of the competency hearing currently scheduled for April 22, 2013:

Michael Sweda, PhD, ABPP (Forensic)

The United States intends on calling Michael Sweda, PhD, ABPP (Forensic) as an expert in the fields of forensic psychology and competency to stand trial. A copy of Dr. Sweda's thirty page report is enclosed with this notice. A copy of Dr. Sweda's curriculum vitae is also enclosed with this notice.

Dr. Sweda will rely on direct clinical evaluation procedures, direct interviews of Michael Davis, competency testing of Michael Davis, collateral interviews with Michael Davis' attorneys, collateral interviews with Kristine Vindua, Psy.D and Michele Godwin, PhD, Court Orders for competency and mental examination, pretrial services report, probable cause affidavit, records from St. Elizabeths hospital, raw psychological test data, scoring protocols, and testing results

from St. Elizabeths hospital, Green Door records, notes from Dr. Erik Hansen regarding interview of defendant's family members, D.C. Department of Corrections medical records, and educational records from Youth in Transition school.

Dr. Sweda will testify concerning Michael Davis' early upbringing, religious beliefs, educational history, relationship history, occupational history, legal history, medical history, mental health history, previous psychiatric hospitalizations, current psychiatric hospitalizations, psychological test results, competency-related data, substance use history, and prior competency to stand trial evaluations on May 9, 2012, July 10, 2012, September 18, 2012 and November 30, 2012, respectively.

More specifically, Dr. Sweda will testify concerning the administration of the following tests and procedures: Inventory of Legal Knowledge (ILK); Competency Interview; MacArthur Competency Assessment Tool-Criminal Adjudication (CA); Evaluation of Competency to Stand Trial-Revised (ECST-R).

Regarding diagnostic impressions, Dr. Sweda will testify that Michael Davis has a debilitating mental disorder, with a current diagnosis of Schizophrenia, Undifferentiated Type. He will opine that a focus of clinical attention of Borderline Intellectual Functioning appears warranted, and that Michael Davis is assigned a Global Assessment of Functioning ("GAF") score of twenty-five (25).

On the issue of competency to stand trial, Dr. Sweda will testify to a reasonable degree of psychological certainty that Michael Davis is presently competent to stand trial, that he clearly has a factual understanding of his criminal charges and the court process, that he has a sufficient present ability to consult with his lawyers with a reasonable degree of rational understanding, and has a rational as well as factual understanding of the proceedings against him.

Raymond Patterson, MD

The United States intends on calling Raymond Patterson, MD as an expert in the field of forensic psychiatry and competency to stand trial. A copy of Dr. Patterson's thirteen page report is enclosed with this notice. A copy of Dr. Patterson's curriculum vitae is also enclosed with this notice.

Dr. Patterson will rely on direct clinical evaluation procedures, direct examinations and interviews of Michael Davis, competency testing of Michael Davis, collateral interviews with Michael Davis' attorneys, collateral consultation with Michael Sweda, PhD regarding his psychological testing of Mr. Davis, Court Orders for competency and mental examination, pretrial services report, probable cause affidavit, records from St. Elizabeths hospital including competency screening reports, competency evaluation reports, competency assessment reports, and competency reassessment reports, testing results from St. Elizabeths hospital, Green Door

records, D.C. Department of Corrections medical records, records from Youth in Transition school, and the grand jury indictment of Michael Davis.

Dr. Patterson will opine that Michael Davis' thought content does not reveal delusional content, and that his thought processes are linear, with no evidence of derailment, flight of ideas, or looseness of associations. Dr. Patterson will opine that Michael Davis has some difficulty calculating numbers quickly, that he denies having hallucinations in any of the five senses, currently or in the past, that he did not appear to be hallucinating or otherwise distracted during Dr. Patterson's examinations of him, and that Michael Davis denies any history of suicidal ideation or plan. Dr. Patterson will further opine that Michael Davis' insight is poor in that he does not believe he has a mental illness, and that he thinks the doctors at St. Elizabeths do not think so either. Dr. Patterson will opine that Michael Davis' judgment appears to be fair for his activities of daily living, but that his personal hygiene remains poor.

Dr. Patterson's diagnostic impressions for Michael Davis are Schizophrenia, Undifferentiated Type, stressors including severe and persistent mental illness, and is assigned a Global Assessment of Functioning ("GAF") score of sixty (60).

Dr. Patterson will testify to a reasonable degree of medical certainty that Michael Davis is competent to stand trial based on the fact that he has a sufficient factual and rational understanding of the criminal proceedings against him as well as the plea options, penalties, responsibilities of court personnel and himself, and has the ability to assist his attorneys in his defense.

Nicole Johnson, MD

The United States intends on calling Nicole Johnson, MD as an expert in the field of forensic psychiatry and competency to stand trial. Dr. Johnson, along with Drs. Erik Hansen and Kristine Vindua, performed a competency evaluation of Michael Davis on November 30, 2012, and a copy of the competency evaluation report from that examination is enclosed with this notice. We are working to obtain a copy of Dr. Johnson's curriculum vitae.

Kristine I. Vindua, Psy.D.

The United States intends on calling Kristine Vindua, Licensed Clinical Psychologist as an expert in the field of forensic and clinical psychology, and competency to stand trial. Dr. Vindua, along with Drs. Nicole Johnson and Erik Hansen, performed a competency evaluation of Michael Davis on November 30, 2012, and a copy of the competency evaluation report from that examination is enclosed with this notice. A copy of Dr. Vindua's curriculum vitae is also enclosed with this notice.

Erik Hansen, Psy.D.

The United States intends on calling Erik Hansen, Licensed Clinical Psychologist as an expert in the field of forensic and clinical psychology, and competency to stand trial. Dr. Hansen, along with Drs. Nicole Johnson and Kristine Vindua, performed a competency evaluation of Michael Davis on November 30, 2012, and a copy of the competency evaluation report from that examination is enclosed with this notice. A copy of Dr. Hansen's curriculum vitae is also enclosed with this notice. Dr. Hansen assessed Michael Davis for psychological and cognitive functioning. Said evaluation indicated that Michael Davis has significant cognitive and achievement delays, and based on these results, extra efforts were taken to restore Michael Davis' competency.

Drs. Johnson, Vindua and Hansen

Because there is considerable overlap in the opinions and testimony of these three individuals, we are addressing their opinions and testimony collectively in this notice. Drs. Johnson, Vindua and Hansen will testify that Michael Davis was able to readily identify his current charges, was able to give a concrete description of facts alleged by the police, was aware of the severity of the charges, and was aware of rational sentencing options. They will each testify that Michael Davis was aware of his plea options and the consequences of each plea, as well as the concept of a plea bargain. They will each testify that Michael Davis knew the key participants in a trial, as well as their roles and responsibilities, and verbalized an understanding of the Not Guilty By Reason of Insanity plea, and the consequences of such a plea.

Drs. Johnson, Vindua and Hansen will testify that based on Michael Davis having an adequate factual and rational understanding of the legal process and having the present ability to be able to work with his attorneys, he is currently competent to proceed in his criminal matter. They will further testify that Michael Davis has a mental illness which affects his comprehension at times, and therefore, they suggest that he be given ample time and concrete explanations to assist in his understanding of his situation and what is expected of him. They will opine that he has shown an ability to be educated, and with repetition, able to remember things that he is

taught. They will further opine that he is diagnosed with Schizophrenia, Undifferentiated Type, for which he is receiving medication.

Please contact us with any questions or concerns at 202-252-7072.

Sincerely yours,

Robert J. Feitel
Assistant U.S. Attorney

Edward A. O'Connell
Assistant U.S. Attorney

Enclosures (7)
1. CV of Michael Sweda, PhD, ABPP (Forensic) (9 pages)
2. CV of Raymond Patterson, MD (23 pages + 1 page case list addendum)
3. CV of Kristine Vindua, Psy.D. (11 pages)
4. CV of Erik Hansen, Psy.D. (5 pages)
5. Report of Michael Sweda, PhD, ABPP (Forensic) (30 pages)
6. Report of Raymond Patterson, MD (13 pages)
7. Report of DC DMH, December 4, 2012 (5 pages)

cc: Superior Court File with Enclosures

MICHAEL G. SWEDA, Ph.D., ABPP (Forensic)
Walter Reed National Military Medical Center
Center for Forensic Behavioral Sciences
1777 N. Kent Street, 10th Floor, Rm 116, Arlington VA 22209
301-717-3416 (Cell); ForensicPsychologists@yahoo.com; Michael.sweda@us.army.mil

PROFESSIONAL SUMMARY:

Dr. Sweda is a board-certified forensic psychologist who has over twenty years of professional experience. He has a breadth and depth of experience in the areas of forensic assessment and treatment, expert testimony, training of forensic psychologists, forensic program design and implementation, and forensic mental health assessment instrument development. Specialty areas of practice include violence risk assessment, malingered incompetency to stand trial, sentencing and mitigation evaluations, and pre-trial forensic assessment. He is the director and developer of the first and only postdoctoral training program in forensic psychology to gain accreditation through the American Psychological Association.

EDUCATION

1988	**Ph.D. University of Iowa, Clinical Psychology**	Iowa City, IA
1984	**M.A. University of Iowa, Clinical Psychology**	Iowa City, IA
1981	**B.A. Northwestern University, Psychology**	Evanston, IL

CLINICAL TRAINING

1987 **National Institute of Mental Health at St. Elizabeths Hospital;**
Resident in Forensic Psychology Washington, D.C.
Specialty training in assessment and treatment of forensic psychiatric patients charged with either local or federal crimes. Extensive training in evaluation of competency to stand trial and criminal responsibility. Evaluated a large number of persons detained for threatening the President of the United States.

1986 **National Institute of Mental Health at St. Elizabeths Hospital;**
Psychology Intern Washington, D.C.
General adult inpatient training, including admissions, forensic, and chronic care.

LICENSURE

2001 **District of Columbia:** Psychologist License #1000075
1990 **State of Maryland:** Psychologist License #2616
1990 **Commonwealth of Virginia:** Clinical Psychologist License #1688

BOARD CERTIFICATION

2003 **Diplomate of the American Board of Forensic Psychology**
2003 **Fellow of the American Academy of Forensic Psychology**

NATIONAL REGISTER

Registrant, National Register of Health Care Providers in Psychology

EXPERT WITNESS TESTIMONY

Have provided expert testimony/consultation on issues of competency, criminal responsibility, sentencing, dangerousness (suitability for release), evaluations of capital defendants, and diminished capacity. Have been recognized as an expert in clinical and forensic psychology by courts in the following jurisdictions:

District of Columbia: D.C. Superior Court
Maryland: Baltimore City/County, Calvert, Charles, Cecil, Howard, Montgomery, Prince Georges, Somerset, St. Mary's, Washington, and Wicomico counties.
Virginia: City of Manassas
Federal Court: U.S. District Court, Greenbelt, Maryland.
US Military Courts: For all branches of the U.S. Armed Forces across the United States, Republic of South Korea, and Europe.

SECURITY CLEARANCE

Dec 2008 - **Top Secret Security Clearance,** via US Army Central Personnel Security Clearance Facility

PROFESSIONAL EXPERIENCE

Aug 2011- Present **The Forensic Panel** *Forensic Psychologist/ Consultant*
Perform peer review, forensic psychological consultation and forensic psychological evaluations as requested for an association of leading forensic experts. The Forensic Panel is chaired by Dr. Michael Welner. Web site: http://www.forensicpanel.com/index.html.

Mar 2008- Present **Walter Reed National Military Medical Center,** Satellite Office, Arlington VA
Chief of Forensic Psychology Service (2008 -2011)
Program Director, Postdoctoral Training Program in Forensic Psychology (2 year Training Program)
Deputy Director, WRNMMC Center for Forensic Behavioral Sciences (2011 – Present)

Full-time position. Directed a successful effort to have the Walter Reed National Military Medical Center have the first postdoctoral training program in forensic psychology to apply for accreditation through the American Psychological Association and to be accredited. Supervise Active Duty Army Psychology Post-Doctoral Fellows. Perform and supervise forensic evaluations for the US Army. Serve as an expert forensic psychology consultant to defense and government Trial Counsel for all branches of the US Military on selected cases. Collaborate with Walter Reed's Psychiatry Department in providing psychological consultation on forensic cases. Develop and direct first and only Forensic Psychology post-doctoral training program currently operating in the US Military. Submitted the very first application ever for accreditation of a forensic postdoctoral training program in forensic psychology through the American Psychological Association. Site visit occurred on 16 & 17 April 2012. Consult with medical, psychological and JAG Corps Officers and Departments in the US Army, Navy, Marine Corps, and Air Force worldwide. Serve as consultant on issues involving violence and suicide to US Army, including investigation of a homicide cluster at Ft. Carson, CO and Army Vice Chiefs of Staff suicide mitigation task force. Serve as a consultant on selected Military Commission and military death penalty cases. Collaborate with nationwide leaders in developing a program to assess violence risk and protective factors in the US military and to mitigate against such risks.

PROFESSIONAL EXPERIENCE (continued)

Jan 2004 – Feb 2008 **St. Elizabeths Hospital;** *Clinical Administrator/Psychologist* Washington, D.C.
Full–time position. Coordinated evaluation and treatment activities on a maximum security admission ward. Performed competency to stand trial, criminal responsibility, and pre-sentencing evaluations. Supervised psychology residents, post-doctoral forensic fellows (from Walter Reed Hospital) and psychology interns performing sex offender therapy, substance abuse treatment, competency restoration, psychological evaluations, and treatment planning. Selected by Hospital CEO to by Chair of the Clinical Consultation and Support Team, through which I provided case formulation, treatment, and diagnostic recommendations hospital-wide on the facility's most complex and challenging cases.

2003 - Feb 2008 **Community Forensic Screening Evaluator**; *Contract Position* Calvert, Charles & St. Mary's Counties, Maryland
Contracted to perform screening evaluations of criminal defendants pertaining to competency to stand trial and criminal responsibility. Perform pre-sentencing evaluations as needed. Sole forensic screener for counties with a total population in excess of 300,000 persons.

2001-2005 **National Security Agency;** *Contract Psychologist* Baltimore Area
Contract position conducting mental health screening of job applicants for sensitive security positions.

1991 – 2003 **C.T. Perkins Hospital**; *Staff Psychologist* Jessup, MD

Conducted forensic psychological evaluations and providing treatment to forensic psychiatric inpatients. Forensic evaluations include assessment of competency to stand trial, criminal responsibility (insanity), and readiness for discharge (dangerousness) of individuals who have committed major felonies (homicide/attempted homicide, major sexual offenses, arson). Provide consultations to treatment teams, administration and attorneys. Provision of supervision to psychology students, interns, and Ph.D.-level psychology associates. Served on various CQI task groups, including: zero violence project and paraphilia treatment service development group. Serve as psychology representative to hospital ethics committee. Served as board member and Vice Chairman of State of Maryland Department of Health and Mental Hygiene Institutional Review Board.

Spearheaded development/implementation of Risk Assessment methodology at Perkins. Implemented state-of-the-art clinical and actuarial assessment methods to evaluate risk for future violent recidivism. Risk assessment models employed include a general methodology applicable to forensic psychiatric patients as well as more specific models for specialized populations including individuals with sexual deviations, arsonists, obsessional followers ("stalkers") and perpetrators of domestic violence.

Performed individual and group psychotherapy, substance abuse treatment, relapse prevention, and sex offender treatment groups. Performed psychological evaluations. Supervised psychology externs, interns, and Psychology Associates on provision of above-mentioned psychological evaluations, risk assessments, and treatment modalities.

Conducted research on assessment of clinical risk factors and their relationship to future violence. Served as Forensic Ward Administrator, 1993 - 1995; appointment to this position involved coordinating treatment activities, implementing administrative policies, interfacing with hospital leadership to improve overall quality of patient care, performing CQI activities, and monitoring patient progress in order to efficiently and safely place patients in less restrictive settings.

PROFESSIONAL EXPERIENCE (continued)

March-October 1998 **Northern Virginia Mental Health Institute;**
Director of Psychology, Forensic Coordinator Falls Church, VA

Directed staff of 9 Psychologists, 1 Psychology Resident, and large externship program. Responsible for all services delivered by psychology to 148 bed inpatient, JCAHO-accredited, public sector psychiatric hospital. Supervised all Psychology staff. Chair Forensic Management Committee. Oversaw development and implementation of psychology budget. Coordinated all forensic activities for insanity acquittees and jail transfers. Oversaw development of new internship program. Selected as a member of Forensic Services Advisory Workgroup to review and address needs of forensic patients statewide.

1997 **Maryland Police Corps;** *Instructor* Linthicum Heights, MD
Instructed college-educated police recruits in a federally-funded training program emphasizing community policing.

1996-Present **Private Practice;** *Forensic Psychologist* Licensed in DC, VA, MD
Part-time practice limited to practice of forensic psychology.

1990-1991 **Patuxent Institution;** *Correctional Psychologist* Jessup, MD
Interdisciplinary team member within Maryland's treatment-oriented correctional setting. Performed risk assessments on inmates recommended for parole. Performed individual and group psychotherapy.

1988-1990 **Saint Luke Institute;** *Psychologist Associate/Psychologist*
Neuropsychology Department Suitland, MD
Performed personality assessments of Catholic clergy referred from throughout the world. Provided consultations to treatment staff. Population served included individuals with sexual (paraphilic) disorders, alcohol/substance abuse problems, depression, personality disorders, and neuropsychological disorders. Training in interpretation of Halstead-Reitan Neuropsychological Battery.

1988-1990 **Arlington County, Virginia CMHC;** *Psychology Associate/Psychologist* Arlington, VA
Performed therapy and psychological assessments provided for a culturally diverse outpatient population with a spectrum of psychiatric disorders. Served children, adolescents, and adults.

MEMBERSHIPS AND PROFESSIONAL SERVICE

Member	American Psychological Association
Member	American Psychology Law Society, Division 41 of APA
Member	International Association for Correctional and Forensic Psychology
Diplomate	American Board of Forensic Psychology, American Board of Professional Psychology
Fellow	American Academy of Forensic Psychology
Board Member Alternate Member Chairman	Institutional Review Board, Maryland Department of Health and Mental Hygiene. Served as Vice Chair (1996-1998) of board overseeing scientific and ethical integrity Vice of all research projects involving Maryland Department of Health and Mental Hygiene patients, staff, facilities, or funds. Alternate Board Member of IRB (2001 - 2007).

MEMBERSHIPS AND PROFESSIONAL SERVICE (continued)

APLS, Forensic Specialty Counsel	Appointed to three-person panel tasked with developing standards for graduate education in forensic psychology (2011).
Dissertation Committee Member	Vestal-Dowdy, E.P. (2003). Clinical predictors of misconduct and dangerous behavior in a maximum-security psychiatric hospital. Doctoral dissertation completed at the University of Maryland, Baltimore County.

PUBLICATIONS, GRANTS, LICENSING AGREEMENTS, MANUSCRIPTS AND PRESENTATIONS

Sweda, M.G. & Afanador, J. The Who? What? How? and Why? Of Sex Offender Expert testimony (September, 2012). Presentation given to The Judge Advocate General Legal Center and School, Charlottesville, VA.

Sweda, M. G., (August, 2012). Military Applications of Forensic Psychology. Invited lecture given to clinical psychology graduate students at the Uniformed Services University of the Health Sciences, Bethesda, MD.

Montalbano, P. & Sweda, M. G. (in press). Forensic Psychology in the Military Setting. In B.A Moore &Jeffrey E. Barnett (Eds). Military Psychologists Desk Reference. New York: Oxford University Press.

Sweda, M.G. & McClenen, R (May, 2012). Assessment of Sex Offenders. Risk and Rehabilitative Potential: Concepts, Methods, and Applications. Invited presentation given to an advanced litigation class, at the The Judge Advocate General's Legal Center and School, US Army, Charlottesville, VA.

Elbogen, E., Heilbrun, K, Steadman, H., Malone, R., Sweda, M., Montalbano, P. & Bell, M. (April, 2012). Identification of Risk and Protective Factors for Prevention of Violence in Military Personnel. $1.97 million dollar grant submission through the Military Operational Medicine Research Program. Pre-proposal (Feb, 2012) reviewed and approved. Invited to submit full grant proposal which was submitted April 26, 2012.

Sweda, M.G., McClenen, R., Montalbano, P (2012). An all-dynamic, trait-state method of assessing protective factors in military populations. Author: Arlington, VA.

Millikan, A.M., Bell, M.R., Gallaway, S., Lagana, M.T. Cox, A.L., Sweda, M.G. (2012) An Epidemiologic Investigation of Homicides at Fort Carson, Colorado: Summary of Findings. Military Medicine, 177(4), 404-411.

Sweda, M. G., Montalbano, P., Benesh, S.M., & McClenen, R. (August, 2011). The Walter Reed Postdoctoral Fellowship Training Fellowship in Forensic Psychology. Symposium invited by the American Board of Forensic Psychology and Division 41 of the American Psychological Association (American Psychology Law Society). Given at the Annual Convention of the American Psychological Association, Washington, DC.

Sweda, M.G., Montalbano, P., Heilbrun, K., & Elbogen, E. (June, 2011). — Improving Behavioral Screening, Timeliness of Assessment & Visibility of Violence Risk Assessments in the US Military. Invited presentation given to a DoD Violence Mitigation Workgroup, Dulles, VA.

Sweda, M.G. & Montalbano, P. (September, 2010) Risk, Recidivism, and Rehabilitation Issues: Child Pornography and Sexual Offenders. Invited presentation for Trial and Defense Counsel Assistance Programs Joint Sexual Assault Expert Symposium, Chicago, IL.

Sweda, M.G. (December, 2009). Assessment of Malingering. Invited presentation for Psychology trainees at Spring Grove Hospital Center, Catonsville, MD.

PUBLICATIONS, GRANTS, LICENSING AGREEMENTS, MANUSCRIPTS AND PRESENTATIONS (continued)

Sweda, M.G. (October, 2009). Criminal Responsibility Evaluations. Invited presentation for Psychology trainees at Spring Grove Hospital Center, Catonsville, MD.

Sweda, M.G. (October, 2009). Competency to Stand Trial. Invited presentation for Psychology trainees at Spring Grove Hospital Center, Catonsville, MD.

Sweda, M.G. (September, 2009). Violence Risk Assessment: Practical Application Issues. Presentation scheduled for staff and trainees of Saint Elizabeth hospital, Washington, DC.

Sweda, M.G. & Montalbano, P. (2009). Military Sexual Assault: Forensic Psychological Issues; Sentencing Issues in Sexual Assault Cases; and Child Pornography Offending and Recidivism Risk. Invited Presentation to Senior Trial Counsel and Senior Defense Counsel, USAF, Bolling Air Force Base, Washington DC.

Sweda, M.G., Nothmann, J., Wieczynski, D., Tucillo, J.A., Cowan, G.S.M., & Vablais, C. (2009). National Violence Risk Assessment Survey: Toward a Standard of Care.

Millikan, A.M, Bell, M. R., Gallaway, S., Black, S., Lagana, M., Cox, A. & Sweda, M. (2009). An Epidemiologic Investigation of Homicides at Fort Carson, Colorado: Summary of Findings. Manuscript currently being cleared for submission for peer-reviewed publication.

Sweda, M.G. (July, 2009). Violence Risk Assessment: an Overview. Invited presentation for clinical psychology interns. Spring Grove Hospital Center, Catonsville, MD.

Sweda, M.G. (June, 2009). Expert Witness Testimony. Invited presentation for staff of Spring Grove and Springfield Hospital Centers. Springfield Hospital Center, Sykesville, Maryland.

Sweda, M.G. (October, 2008). Served as a mock witness in a training on issues of mental health, PTSD, and RCM 706 Board Evaluation-related testimony. Triad Training, USMC, Camp Lejeune, NC.

Sweda, M.G. (September, 2008). Sweda Risk Assessment Screening Checklist licensed for use to St. Elizabeths Hospital and the D.C. Department of Mental Health for use in initial psychological screening assessments. Risk Assessment Screening Checklist. Author: Annapolis Junction, MD.

Sweda, M.G. (August, 2008). Overview of Forensic Psychology. Invited seminar given to psychology graduate students. Uniformed Services University of the Health Services. Bethesda, MD.

Sweda, M.G., McDonald, S., & Casas, P.A. (August, 2008). Forensic Psychology and Forensic Psychologists: Proper Care and Use. Invited seminar given to worldwide complement of US Air Force Senior Trial Counsel Conference. Bolling Air Force Base, Washington, D.C.

Sweda, M.G. (2008). Violence Risk Assessment: The State and Art of the Science. Invited Seminar presented to all State-employed psychologists in Maryland. Catonsville, MD.

Sweda, M.G. (2008). Statistical Assessment of Malingered Incompetency to Stand Trial. Presentation given to psychology staff and trainees at St. Elizabeths Hospital. Washington, DC.

Sweda, M.G (2008). Statistical Assessment of Malingered Incompetency to Stand Trial. Unpublished manuscript. Author: Annapolis Junction, MD.

Sweda, M.G. (2007). Risk Assessment Screening Checklist. Author: Annapolis Junction, MD.

PUBLICATIONS, GRANTS, LICENSING AGREEMENTS, MANUSCRIPTS AND PRESENTATIONS (continued)

Sweda, M.G. (September, 2005). Violence Clinical Risk Indicator. International Conference on Special Needs Offenders. Ottawa, Canada.

Sweda, M.G. (July, 2005). Risk Assessment Overview and Case Examples. Invited full-day presentation offered to students of the Fielding Graduate University Psychology National Session Institute. Alexandria, VA.

Sweda, M.G. (2005). Risk Assessment Overview. Invited presentation to statewide forensic staff of the Maryland Department of Health and Mental Hygiene, Office of Community Forensic Services, Jessup, Maryland.

Sweda, M.G. (2005). Violence Clinical Risk Indicator. Psychometric measure undergoing data collection Multi Health Systems: Toronto, Canada.

Sweda, M.G., Nothmann, J., Wieczynski, D., Tucillo, J., Cowan, M. & Vablais, C. (2004). The National Violence Risk Assessment Survey. Paper presented at the National Association of State Mental Health Program Directors Forensic Division Annual Conference. Savannah, GA.

Sweda, M.G. (2004). The Forensic Clinical Risk Factors Profile: An Introduction. Presentation given to psychology interns and residents of St. Elizabeths Hospital, Washington, D.C.

Sweda, M.G. (2004). The Forensic Clinical Risk Factors Profile: An Introduction. Presentation given to the psychology staff and students of Crownsville & Spring Grove Hospitals, Crownsville, MD.

Sweda, M.G. (2004). The Forensic Clinical Risk Factors Profile: An Introduction. Presentation given to the medical staff of Perkins Hospital Center, Jessup, MD.

Sweda, M.G. (2003). Forensic Clinical Risk Factors Profile, Development Version, Multi Health Systems, Toronto, Canada. Accepted for further sponsored development and publication via contract, December, 2003.

Sweda, M.G. & Tucillo, J. (2003). Risk Assessment: Overview and Case Example. Continuing education program presented to clinical staff of Spring Grove Hospital Center, Catonsville, MD.

Sweda, M.G. (2003). Psychological Evaluation of Violence Risk. Invited presentation given to statewide staff as part of the Pretrial Forensic Evaluation Training Program offered by the Community Forensics Program, Jessup, MD.

Sweda, M.G. (2003). Sexual Predator Update. Presentation to psychology extern class, Perkins Hospital, Jessup, MD.

Sweda, M.G. (2003). Risk Assessment Case Study. Presentation to psychology extern class, Perkins Hospital, Jessup, MD.

Sweda, M.G. (2002). Introduction to Violence Risk Assessment. Full-day presentation given to psychology interns and psychology staff members from the Alexandria, Virginia, Community Mental Health Center. Jessup, MD.

Sweda, M.G. (2002). Sexual Predators. Presentation given to psychology extern class, Perkins Hospital, Jessup, MD.

PUBLICATIONS, GRANTS, LICENSING AGREEMENTS, MANUSCRIPTS AND PRESENTATIONS (continued)

Moran, M.J., Sweda, M.G., Fragala, M.R. & Sasscer-Burgos, J. (2001). The clinical application of risk assessment in the treatment planning process. International Journal of Offender Therapy and Comparative Criminology, 45(4), 421-435.

Sweda, M.G. (2001). Forensic Clinical Risk Factors Profile Workshop. Full-day workshop given to psychologists from Maryland and Washington, D.C.

Moran, M.J. & Sweda, M.G. (2001). Risk Assessment: New Developments. Presentation given to psychology staff of Crownsville Hospital. Crownsville, MD.

Moran, M.J. & Sweda, M.G. (2001). Assessment of Violence Risk: State of the Practice. Presentation given at Grand Rounds, Spring Grove State Hospital. Catonsville, MD.

Sweda, M.G. (2001). Sexually Violent Predators: An Update. Presentation given to psychology externs at Perkins Hospital. Jessup, MD.

Sweda, M.G. & Moran, M.J. (2000). Forensic Clinical Risk Factors Profile: Preliminary Psychometric and Validity Data. Paper presented at the National Association of State Mental Health Program Directors Forensic Division 2000 Annual Conference. Phoenix, AZ.

Rideout, Judge Stephen., Sweda, M.G. & McAndrews, G. The Psychologist as Expert Witness. Panel presentation given to staff of Alexandria Community Mental Health Center. Alexandria, VA.

Sweda, M.G. (2000). Sexually Violent Predators. Presentation given to psychology externs from Baltimore and Washington, D.C. area universities. Jessup, MD.

Sweda, M.G. (1999). Psychopathy. Presentation given to psychology externs from Baltimore and Washington, D.C. area universities. Jessup, MD

Sweda, M.G. (1999). Sex Offender Risk Assessment. Presentation given to clinical staff of Saint Luke Institute, Hyattsville, MD.

Moran, M.J. & Sweda, M.G. (1999). Risk Assessment: Nuts and Bolts. Presentation given at Crownsville Hospital Center, Crownsville, MD.

Sweda, M.G. (1998). The Role of the Forensic Psychologist in criminal proceedings. Presentation to Members of the Psychology Department at George Mason University, Fairfax, VA.

Sweda, M.G. (1998). Sex Offender Treatment Provider Certification Training. Presented a series of trainings to Northern Virginia Mental Health Institute staff on sex offender evaluation, Risk Assessment, and treatment, Falls Church, VA.

Sweda, M.G. (1998). Sex Offender Treatment Efficacy, Recidivism, and Risk Assessment. Presentation given at Grand Rounds, Northern Virginia Mental Health Institute, Falls Church, VA.

Sweda, M.G. (1997). Sex Offender Treatment Efficacy, Recidivism, and Risk Assessment. Presentation given at The Ninth Annual Psychology Meeting, Maryland Department of Health and Mental Hygiene, Jessup, MD.

Sweda, M.G. & Montalbano, P. (1996). Risk Assessment Factors Checklist. C.T. Perkins Hospital, Jessup, MD.

PUBLICATIONS, GRANTS, LICENSING AGREEMENTS, MANUSCRIPTS AND PRESENTATIONS (continued)

Sweda, M.G. (1996). Forensic Clinical Risk Factors Profile. C.T. Perkins Hospital, Jessup, MD.

Montalbano, P., & Sweda, M.G. (1994). Forensic Psychology and Sexual Homicide. Presentation given to the District of Columbia Psychological Association, Washington, D.C.

Sweda, M.G. (1988). The Iowa Law Enforcement Personnel Study: Prediction of law enforcement job performance from personality and biographical data. University of Iowa, Iowa City, IA.

Sweda, M.G., Sines, J.O., Lauer, R.M. & Clarke, W.R. (1986). Familial aggregation of Type A behavior. Journal of Behavioral Medicine, 9, 23-32.

Sweda, M.G. & Underwood, B.J. (1982). Proactive inhibition and stimulus-term frequency. American Journal of Psychology, 95, 267-274.

ACADEMIC HONORS:

1981-1985	Teaching and Research Fellow, University of Iowa, Clinical Psychology Department., Iowa City, IA. Award given to top student entering graduate study in the Psychology Department.
1981	Honors in Psychology, Northwestern University, Evanston, IL
1977-1981	National Merit Scholar, Northwestern University, Evanston, IL.

PROFESSIONAL DISTINCTIONS:

2012	Program Director of very first forensic psychology postdoctoral training program in the United States to gain accreditation through the American Psychological Association. The Walter Reed National Military Medical Center became fully accredited as of 17 April, 2012, with the next accreditation site visit being scheduled in 2019.
2011	Department of the Army Superior Civilian Service Award (third highest award of the Department of the Army Honorary Awards for Department of the Army Employees). Given for groundbreaking work in the area of forensic psychology.
2011	Commander's Recognition for Outstanding Performance given for delivery of forensic service across branches of military service.
2011	Nominated for Board of Directors, American Board of Forensic Psychology

December 2012

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Washington, D.C. 20009
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Fax: (301) 292-6272

EDUCATION

1973 - 77	Doctor of Medicine Howard University College of Medicine Washington, D.C.
1970 - 73	Undergraduate Northwestern University Evanston, Illinois

MEDICAL LICENSURES

State of Maryland
District of Columbia
Commonwealth of Virginia

BOARD CERTIFICATIONS

2004, 2012	Recertification as Diplomate of the American Board of Psychiatry and Neurology in Forensic Psychiatry
1994	Diplomate of the American Board of Psychiatry and Neurology, Added Qualifications in Forensic Psychiatry
1988	Diplomate of the American Board of Forensic Psychiatry
1983	Diplomate of the American Board of Psychiatry and Neurology in General Psychiatry

FACULTY APPOINTMENTS

1996 - Present	Associate Professor of Psychiatry Howard University College of Medicine Washington, D.C.
2008 - Present 1988 – 2000	Associate Professor of Psychiatry Georgetown University Department of Psychiatry Washington, D.C.
1992 – 2001	Associate Professor of Psychiatry Institute of Psychiatry and Human Behavior University of Maryland, School of Medicine Baltimore, MD
1982 - 1996	Clinical Instructor Howard University College of Medicine Washington, D.C.

1982 - 1992 & 1998 - 2001	Clinical Faculty Overholser Division of Training St. Elizabeths Hospital Washington, D.C.

APPOINTMENTS/POSITIONS

1981 - Present	Private Practice in General and Forensic Psychiatry 1904 R Street, N.W. Washington, D.C. 20009
Mar 1998 – Oct 2001	Director of Forensic Services Commission on Mental Health Services Washington, D.C.
May 1997 – Mar 1998	Chief Psychiatrist Department of Public Safety & Correctional Services Baltimore, MD
Sept 1995 – Mar 1998	Senior Psychiatric Consultant Patuxent Institution Department of Public Safety & Correctional Services Jessup, MD
Nov 1996 – April 1997	Chief Psychiatrist Central Detention Facility Department of Corrections for the District of Columbia Washington, D.C.
Aug 1994 – Sept 1995	Director Division of Demonstration Programs Center for Mental Health Services Substance Abuse, Mental Health Services Administration United States Department of Health and Human Services Rockville, MD
Oct 1992 – July 1994	Superintendent and State Forensics Director Clifton T. Perkins Hospital Center Mental Hygiene Administration, State of Maryland Jessup, MD
Jan 1992 – Sept 1992	Commissioner Commission on Mental Health Services Washington, D.C.
Mar 1987 – Sept 1992	Forensic Services Administrator Commission on Mental Health Services Washington, D.C.
July 1985 – Feb 1987	Associate Superintendent General Clinical Programs St. Elizabeths Hospital Washington, D.C.
Sept 1983 – Feb 1987	Medical Director Division of Forensic Programs St. Elizabeths Hospital Washington, D.C.

July 1981 – Sept 1983	Staff Psychiatrist Division of Forensic Programs St. Elizabeths Hospital Washington, D.C.
Dec 1981 – July 1982	Staff Psychiatrist Alexandria Community Mental Health Center Alexandria, VA
May 1980 – Nov 1982	Admitting Psychiatrist Psychiatric Institute of Washington Washington, D.C.
Feb 1979 – Mar 1980	Medical Officer Godding-Noyes Asylum Program Division St. Elizabeths Hospital Washington, D.C. .

CONSULTATIONS

Aug 2010 - Present	Consultant Ohio Legal Rights Service Columbus, OH
2009 – Present	Consultant U.S. Department of Justice Washington, D.C. Re: Grant County Jail, Kentucky
2009 – Present	Consultant U.S. Department of Justice Washington, D.C. Re: Erie County Holding Center, New York
2001 - Present	Consultant Philadelphia Prison System Philadelphia, PA
1996 - Present	Special Expert to Federal Special Master California Department of Corrections Sacramento, CA
1994 - Present	Consultant - Examiner in General Psychiatry American Board of Psychiatry and Neurology Chicago, IL
March 2010	Consultant Pennsylvania Institutional Law Project Philadelphia, PA
October 2009	Presentation and Workshop Judges, Attorneys and Clinicians for the Baltimore County Drug Court and Mental Health Court Baltimore, MD
July 2009	Consultant Monroe County Jail Rochester, NY

July 2009	Consultant Sexually Violent Predator Program, Treatment and Detention Facility Illinois Department of Mental Health Rushville, Illinois
2008 – 2009	Consultant U.S. Department of Justice Washington, D.C. Re: Delaware Correctional Center
December 2008	Consultant U.S. Department of Justice Washington, D.C. Re: Lake County Jail, Indiana
2007 - Present	Consultant Unity Health Care, Inc. District of Columbia Central Detention Facility Washington, D. C.
2004 - 2009	Consultant U.S. Department of Justice Washington, DC Re: Augusta State Medical Prison
1999 - 2007	Monitor New Jersey Department of Corrections Trenton, NJ
July 2005	Consultant Illinois Department of Mental Health Joliet, Illinois Re: Sexually Violent Predator Program
2003 - 2006	Consultant U.S. Department of Justice Washington, DC Re: Wyoming State Prison
2003 – 2005	Consultant California Youth Authority California Department of Corrections (Little Hoover Commission) Sacramento, CA
Dec 2002	Consultant/Participant Reentry Roundtable Urban Institute Los Angeles, CA
April 2002	Consultant Prison Law Office San Quentin, CA Re: California Youth Authority
2001 - 2005	Consultant Department of Public Safety and Corrections State of Louisiana Baton Rouge, LA

2000 - 2001	Consultant Department of Justice South Carolina Department of Corrections Columbia, SC
1999 - 2005	Consultant New York State Office of the Attorney General Albany, NY
Sept 1999	Consultant Cultural Issues in Correctional Mental Health Massachusetts Department of Mental Health & Department of Corrections Gardner, MA
April 1999	Consultant Taylor-Hardin Forensic Facility Tuscaloosa, AL
1996 - 2001	Consultant Central State Hospital Virginia Department of Mental Health Petersburg, VA
1996 – 1997	Consultant Department of Mental Health San Juan, Puerto Rico
May – June 1995	Consultant Maryland Adjustment & Classification Center (Supermax) Department of Public Safety & Correctional Services Baltimore, MD
May 1995	Psychiatrist Member Special Task Committee to review mental health needs for Cuban and Haitian Migrants Guantanamo Bay, Cuba
1993 – 1994	Psychiatrist Member Center for Mental Health Services Ad Hoc Working Group for Mental Health and Criminal Justice Systems United States Department of Health and Human Services Rockville, MD
1991 - 1993	Clinical Consultant Law Center Clinical Program Georgetown University Washington, D.C.
1989 - 1991	Consultant The National Conference of Christians and Jews, Inc. Washington, D.C.
Oct 1989	Consultant-Examiner American Board of Forensic Psychiatry, Inc. American Academy of Psychiatry and the Law Baltimore, MD

1989 - 1990	Psychiatric Consultant U.S. Capitol Police Washington, D.C.
1988 -1991	Forensic Psychiatric Consultant Georgia Regional Hospital Atlanta, GA
May 1987	Consultant on Professional Supervision and Clinical Privileges Indiana Department of Mental Health Indianapolis, IN
1985 – 1996	Consultant Surveyor Joint Commission on the Accreditation of Healthcare Organizations Oak Brook Terrace, IL
1983 -1987	Psychiatric Consultant United States Marshal's Service Washington, D.C.
1982 - 1984	Psychiatric Consultant Metropolitan Police Department Washington, D.C.

SPEAKING ENGAGEMENTS & PRESENTATIONS

Oct 2012	Workshop "Better Than You: Psychology v. Psychiatry in Risk Assessment" American Academy of Psychiatry and the Law 43rd Annual Meeeting Montreal, PQ, Canada
Sept 2012	Presenter "The Criminal Mind: Presidential Assassins, Terrorists, and Serial Killers" Medicine for Lawyers: A One Day Seminar on Up and Coming Medical-Legal Topics Klores Perry Mitchelle, P.C. Washington, D.C.
June 2012	Presenter "Alternatives to Solitary Confinement: Prisoners with Disabilities" 2012 TASC P&A/CAP Annual Conference Baltimore, MD
July 2011	Lecturer "Correctional Psychiatry" Forensic Fellowship Program St. Elizabeths Hospital Washington, D.C.
April 2011	Guest Lecturer "The Expert Witness" John Marr Day St. Elizabeths Hospital Washington, D.C.

October 2010	Presenter "Behavioral Management of Drug Addicted Patients" Society of Correctional Physicians 2010 Annual Conference Las Vegas, NV
June 2010	Presenter "Risk Assessment and Conditional Release Decision Making" Mental Health and Justice 2010 Conference Mental Health Court Association 3rd Annual Conference Illinois Department of Human Services Glen Elyn, IL
Nov 2008	Presenter "The Shotgun Stalker – Terrorism in Adams Morgan" CME Activity: Forensic Psychiatry: Crimes of the Washington Metropolitan Area Washington Hospital Center Washington, D.C.
July 2008	Presenter "Presidential Assassins, Terrorist Suspects & Other High Profile Cases" 20th Annual Statewide Conference on Mental Health and Justice Mental Health Forensic Services Bureau Illinois Department of Human Services Chicago, IL
April 2008	Speaker "Forensic Assessment of Competency in Civil and Criminal Matters" Grand Rounds Howard University Department of Psychiatry Washington, D.C.
March 2008	Guest Lecturer "Understanding Testimony by Mental Health Experts" Baltimore City Mental Health Court Baltimore, MD
Jan 2008	Guest Lecturer "Understanding Testimony by Mental Health Experts" Washington, D.C., Superior Court Judges Washington, D.C.
Dec 2007	Speaker/Panelist "Moussaoui Presentation" Forensic Evaluations: A Focus on Cultural Considerations John Marr Symposium Georgetown University Hospital Washington, D.C.
Sept 2007	Guest Lecturer "Interview techniques and how to elicit information from mentally ill or retarded defendants" Baltimore City Mental Health Court Baltimore, MD
July 2007	Speaker "Assessment and Management of the Violent Patient" Grand Rounds, Howard University Department of Psychiatry Washington, D.C.

Oct 2006	Panelist "Terrorism and the Death Penalty: Expert Testimony and Legal Strategy in the Moussaoui Trial American Academy of Psychiatry and the Law Annual Meeting Chicago, IL
April 2006	Presenter "Working Effectively with the Adult Forensic Consumer" Clinical and Cultural Competency Training for DMH Stakeholders Department of Mental Health Washington, D.C.
August 2005	Presenter "Forensic Psychiatry: Competence to Stand Trial and Legal Insanity" Department of Psychiatry Grand Rounds Howard University Hospital Washington, D.C.
May 2005	Speaker "History of Forensic Psychiatry and Landmark Forensic Cases" Sesquicentennial Celebration Program St. Elizabeths Hospital Washington, D.C.
June 2003	Speaker "Impulsive Aggression in Children and Adolescents" National Capital Symposium on Mental Health Howard University Hospital Washington, DC
May 2002	Presenter "Mental Health Defenses" Continuing Legal Education Program District of Columbia Bar Washington, D.C.
Mar 2002	Presenter "Assessment and Management of Axis I and Axis II Disorders in Forensic Disorders in Forensic Patients" State-wide Grand Rounds New York State Office of Mental Health Albany, NY
Mar 2002	Keynote Speaker "Correctional Psychiatry" Louis Van Wezel Schwartz Symposium on Mental Health Issues in Correctional Psychiatry Washington, DC
Mar 2002	Panelist "Impact of September 11th" Washington Bar Association Judicial Council Seminar Washington, DC
Mar 2002	Speaker/Panelist "New Challenges and Opportunities in Mental Health" NASW Conference on New Dimensions in Social Work Practice Washington, DC

Nov 2001	Keynote Speaker "Maintaining the Integrity of the Unit" Kirby Forensic Center w/ NYU School of Medicine 14th Annual Forensic Workshop New York, NY
May 2001	Guest Speaker and Workshop "Civil vs. Forensic Cultures" (Part II) Kirby Forensic Psychiatric Center Wards Island, NY
May 2001	Speaker/Participant "Saving Our Youth: Juvenile Justice & Mental Health" 13th Annual Conference Mental Health Association of the District of Columbia Washington, DC
June 2001	Speaker "Partnerships Behind the Walls and Beyond: Mental Health Disabilities Among Offender Populations" Lt. Joseph P. Kennedy Institute Washington, D.C.
Mar 2001	Keynote Speaker "Cultural Competence in Forensic Settings" 8th Annual Forensic Conference Little Rock, AR
Nov 2000	"Forensic Psychiatry in Practice" University of Baltimore Baltimore, MD
Oct 2000	"Correctional Psychiatry (Advanced Course)" Annual Meeting American Academy of Psychiatry and the Law Van Couver, B.C. Canada
June 2000	Faculty & Speaker "Outpatient Commitment in the District of Columbia" Medical Services Division of Circuit Court of Baltimore Baltimore, MD
June 2000	Panelist "Government and Private Roles in the Provision of Forensic Mental Health Services" Innovations in Forensic Mental Health Conference Ehrenkranz School of Social Work, Research Department New York University School of Medicine New York, New York
June 2000	Faculty and Speaker "Outpatient Commitment in the District of Columbia" Medical Services Division of the Circuit Court of Baltimore Baltimore, MD
April 2000	Keynote Speaker "Cultural Competence in Forensic Settings" 17th Annual Forensic Workshop Missouri Department of Mental Health Lake Ozark, MO

March 2000	Keynote Speaker and Workshop "Cultural Competence in Forensic Settings" (Part I) Kirby Forensic Psychiatric Center Wards Island, NY
Dec 1999	Panelist "Mental Health and Criminal Justice: An In-Depth, Interactive Exchange to Examine Appropriate Roles for State Mental Health Agencies" National Association of State Mental Health Program Directors Winter 1999 Commissioner's Meeting Washington, D.C.
Nov 1999	Panelist Mental Health and the Law 35th Criminal & 3rd Appellate Practice Seminars Criminal Practice Institute & Appellate Practice Institute Washington, D.C.
Nov 1999	Presenter "Understanding Forensic Expert Witness Testimony" University of Maryland Baltimore, MD
August 1999	Presenter "The Intersection of Mental Health, Civil, & Criminal Issues" 1st Annual Commission on Mental Health Services Conference Washington, D.C.
June 1999	Presenter "Expert Witness Testimony" Georgetown University Law School Washington, D.C.
May 1999	"Relapse in Forensic Settings" Annual Meeting American Psychiatric Association Washington, D.C.
May 1999	Speaker "Juvenile Justice – Should 14 Year Olds Be Tried As Adults?" Family Advocacy and Support Association, Inc. Washington, D.C.
Mar 1999	Presenter "Forensic Psychiatry in Practice" University of Baltimore Baltimore, MD
Oct 1998	Keynote Address "Cultural Competency in Forensic Settings" NASMHPD 1998 State Mental Health Forensic Directors Conference St. Petersburg, FL
Oct 1998	Speaker and Panelist "Opening the Door: Mental Health & Criminal Justice Systems" Woodley House, Potomac Residence Club, Inc. Washington, D.C.

May 1998	Presenter "Direct and Cross-examination" D.C. Office of the Corporation Counsel Washington, D.C.
Oct 1998	"Correctional Psychiatry (Basic Course)" Annual Meeting American Academy of Psychiatry and the Law New Orleans, LA
Nov 1997	Discussant Thirteenth Annual Rosalyn Carter Symposium on Mental Health Policy The Carter Center Mental Health Task Force Atlanta, GA
June 1997	"Hospitalization: Who Needs It?" Consortium on Special Delivery Settings Council on Psychiatric Services American Psychiatric Association SanDiego,CA
Oct 1996	Presenter "Regulatory Agencies and Mental Health Care Delivery Systems" Tulane University Medical Center New Orleans, LA
Mar 1996	Presenter "Presidential Assassins" Tenth Annual Conference Florida State Hospital Orlando, FL
Nov 1995	Discussion Group Leader "Public Psychiatry" American Psychiatric Association Washington, D.C.
Sept 1995	Presenter "A Comparison of Treatment Models for Women in Forensic Hospitals" 1995 State Mental Health Forensic Directors Conference National Association of State Mental Health Program Directors Madison, WI
July 1995	Presenter "Successes from the Streets: Strategies Beyond Shelters and Jails" 15th Annual National Alliance for the Mentally Ill Convention Washington, D.C.
July 1995	Presenter "Implications of Treatment Breakthroughs for Persons with Mental Illness" 'Knowledge Development and Application in Mental Health and Criminal Justice Systems for Persons with Mental Illness Living in the Community' Conference Albuquerque, NM

June 1995	Presenter "Fostering Hope and Celebrating Strengths, Embracing Families and Communities" Family Advocacy and Support Association, Inc. Washington, D.C.
May 1995	Presenter "Perspectives on Mental Illness in the Criminal Justice System" Alliance for the Mentally Ill of Michigan Southfield, MI
April 1995	Keynote Address: "Approaches to Violent Behavior" Second Annual Forensic Conference Little Rock, AR
April 1995	Presenter "Clinical Diagnosis and Treatment of Mental Illness: An Overview for the Non-Clinician" Superior Court of the District of Columbia Washington,D.C
Nov 1994	Presenter "Community Forensics: Evolving Trends" Grand Rounds Presentation Department of Psychiatry George Washington University Hospital Washington, D.C.
Oct 1994	Presenter "An Overview of Mental Illness and Managing Violent Persons in the Hearing Room" National Association of Administrative Law Judges Baltimore, MD
Sept 1994	Keynote Address: "Community Forensics" National Association of Social Workers Working with Forensic Patients and Their Families Bethesda, MD
May 1994	Panelist "The Mentally Ill in Prisons" National Coalition for the Mentally Ill in Prisons United States Capitol Washington, D.C.
May 1994	Presenter "Community Forensics and Aftercare: Placement and Treatment Issues" Johns Hopkins Department of Psychiatry Baltimore, MD
May 1994	Presenter "Transition Services for Mentally Ill Offenders" The National Coalition for the Mentally Ill in the Criminal Justice System Breakfast and Briefing for Members of Congress Washington, D.C.

May 1994 — Presenter
"Managing a Violent Crisis: Media Relations, Countertransference, and Other Internal and External Systems Issues", Managing the Risk of Violence
Georgia Regional Hospital
Atlanta, GA

May 1994 — Presenter
"Remediation for the Juvenile Offender"
Patuxent Institution Staff Retreat
Marriotsville, MD

April 1994 — Keynote Address:
"Providing a Continuum of Care for Forensic Patients"
Galt Scholar Lecturer
Virginia Department of Mental Health, Mental Retardation and Substance Abuse
Richmond, VA

April 1994 — Guest Speaker
"Forensic Inpatient Services: Trends for the 90s"
Fourth Annual Conference for Forensic Mental Health Treatment Providers
Vernon, TX

April 1994 — Presenter
"Emergency Psychiatry"
Grand Rounds, Department of Emergency Medicine
University of Maryland Hospital
Baltimore, MD

Mar 1994 — Presenter
"Effective Clinical Documentation"
Catonsville Community College
Catonsville, MD

Jan 1994 — Presenter
"Community Forensics"
Grand Rounds, Department of Psychiatry
University of Maryland
Baltimore, MD

Jan 1994 — Speaker
"Overview of the Forensic System in Maryland"
Educational Program Series
Baltimore Mental Health Systems, Inc.
Baltimore, MD

Dec 1993 — Presenter
"The Insanity Defense and Serial Sex Offenders"
Thurgood Marshall Inn of Court
Superior Court of the District of Columbia and the U.S. Court of Appeals
Washington, D.C.

July 1993 — Keynote Address: "The Forensic Care Providers' Role in Educating the Public"
Third Annual Conference for Forensic Mental Health Treatment Providers
Vernon, TX

June 1993

Keynote Address: "Forensic Mental Health Care in the United States"
The Alliance for the Mentally Ill of Maryland
The 11th Annual Convention, Hood College
Frederick, MD

May 1993

Presenter
"Developing an Integrated System for Correctional Institutions"
1993 Annual Meeting
American Psychiatric Association
San Francisco, CA

May 1993

Presenter
"Community Violence: How Have We Arrived Here? Can We Go Anywhere Else?"
Georgia Regional Hospital
Atlanta, GA

April 1993

Presenter
"Mock Trial: Serial Rapists"
Board of Professional Responsibility
District of Columbia Court of Appeals, Annual Disciplinary Conference
Washington, D.C.

April 1993

Presenter
"History of Forensic Psychiatry and the Insanity Defense"
Psychiatry Grand Rounds
University of Maryland
Baltimore, MD

Feb 1993

Presenter
"The Insanity Defense in the Federal System and the District of Columbia"
Forensic Psychiatry Fellowship Program Seminar
University of Maryland
Baltimore, MD

Jan 1993

Keynote Address: "Violence is a Community Problem: How Did We Get Here?"
Workshop on Violence and the Community
Sponsored by the University of Maryland
Linthicum, MD

Nov 1992

Speaker
"The Psychological Dimensions of Preventing Violence"
Violence in Our Community Action Agenda
1992 Family Life Conference
Henry C. Gregory III, Family Life Center
Washington, D.C.

Sept 1992

Speaker
"Cross Cultural Differences in Evaluation and Treatment"
Treatment or Punishment: Mental Illness and the Criminal Justice System
National Alliance for the Mentally Ill
Washington, D.C.

May 1992	"Evaluation and Treatment of Blacks in Jails and Prisons" Annual Meeting American Psychiatric Association Washington, D.C.
May 1992	Speaker "Children and Violence" D.C. Mental Health Association Annual Luncheon and Workshop Washington, D.C.
Feb 1992	Presenter "Hostage Negotiations" Annual Hostage Negotiation Seminar Baltimore County Policy Department Baltimore, MD
Oct 1991	"Criminalization of the Mentally Ill" Annual Meeting American Academy of Psychiatry and the Law Orlando, FL
Sept 1991	"Victimization of Staff and Critical Incidents" Twelfth Annual Conference NASMHPD State Mental Health Forensic Directors Birmingham, AL
Sept 1990	"Maintaining the Integrity of the Unit" Eleventh Annual Conference NASMHPD State Mental Health Forensic Directors Sante Fe, NM
June 1990	Speaker "Signs and Symptoms of Depression" Women in Business Prince George's Chamber of Commerce Landover, MD
May 1990	Speaker "Not Guilty by Reason of Insanity: Implications for the Judicial System, the Community and Clinicians" Region 4 Community Mental Health Center Conference Washington, D.C.
May 1990	Speaker "Violent Death and the Family: Multiple Victims" St. Francis Center Conference Washington,D.C.
Dec 1989	Speaker and Panelist "Mental Health is Everybody's Business" Fifth Annual Mental Health Planning Conference D.C. State Mental Health Planning Council Washington, D.C.
Oct 1989	Presenter "Mental Health Issues in the Courtroom" D.C. Superior Court Judges and Commissioners Washington, D.C.

April 1989

Speaker
"People Reaching People: Pathways to Black Mental Health"
D.C. Chapter of the Association of Black Psychologists
Howard University
Washington, D.C.

Nov 1987

Speaker
"Client and Community Rights and Responsibilities"
Fourth Annual State of the District of Columbia Mental Health Conference
Washington, D.C.

June 1987

Speaker
"Advocacy - A Shared Responsibility"
Information, Protection and Advocacy Center for Handicapped Individuals, Inc.
Washington, D.C.

Jan 1987

Speaker
"Depression: Approaches to Community Management"
PSI Associates, Inc.
Washington, D.C.

Oct 1986

Presenter
"Re-enactment of Ezra Pound Trial"
Annual Meeting
American Academy of Psychiatry and the Law
Philadelphia, PA

Aug 1986

Presenter
"Forensic Psychiatry and General Psychiatric Practice"
Howard University Hospital
Washington, D.C.

June 1986

Speaker
"Schizophrenia: Treatment Approaches"
PSI Associates, Inc.
Washington, D.C.

Nov 1985

Presenter
"Sexual Psychopathology and Anti-Androgen Therapies"
St. Elizabeths Hospital
Washington, D.C.

Oct 1985

Presenter
"Re-enactment of Ezra Pound Trial"
Medical Society Scientific Day Program
St. Elizabeths Hospital
Washington, D.C.

Mar 1985

Presenter
"Tarasoff and Its Offsprings: Implications for Clinical Practice"
Eighth Annual John Marr Day Symposium
St. Elizabeths Hospital
Washington, D.C.

Sept 1984	Presenter "Civil Commitment and Post NGI Proceedings" Criminal Practice Institute Washington, D.C.
Jan 1984	Presenter "Critical Issues in Forensic Psychiatry: Where Do We Go From Here?" Seventh Annual John Marr Day Symposium St. Elizabeths Hospital Washington, D.C.
June 1983	Speaker "Psychological Effects of Cancer" Introductory Course in Cancer Education for D.C. Health and Science Teachers Washington, D.C.
Dec 1980	"Use of Psychotropic Medications in Pregnancy: A Review" St. Elizabeths Hospital Medical Society Washington, D.C.
Aug 1979	"The Psychosocial Aspects of Liaison Psychiatry to Cancer Patients" The National Medical Association Annual Meeting Detroit, MI

PUBLICATIONS

1. Patterson, RF. "Commentary: The Problem of Agreement on Diagnoses in Criminal Cases"
   Journal of the American Academy of Psychiatry and the Law
   November 2010

2. Patterson, RF and Hughes, KC., "Review of Completed Suicides in the California Department of Corrections and Rehabilitation, 1999 to 2004"
   Psychiatric Services (A Journal of the American Psychiatric Association)
   June 2008

3. Patterson, RF and Greifinger, RB. ,"Treatment of Mental Illness in Correctional Settings"
   Chapter in Public Health Behind Bars: From Prisons to Communities
   Edited by Robert B. Greifinger, Springer Science + Business Media, LLC, 2007

4. Patterson, RF, and Greifinger, RB. "Insiders as Outsiders: Race, Gender and Cultural Considerations Affecting Health Outcome after Release to the Community"
   Journal of Correctional Health Care, Vol. 10, #3, Fall 2003

4. Co-Author
   Task Force Report: Guidelines for Treatment of Schizophrenia in a Correctional Setting
   National Commission on Correctional Health Care
   Washington, DC

5. Patterson, RF, "Review Mechanisms and Regulatory Agencies"
   Chapter in Mental Health Care Administration: A Guide for Practitioners.
   Edited by P. Rodenhauser, M.D. University of Michigan Press. 2000

6. Dvoskin, JA, and Patterson, RF: "Administration of Treatment Programs for Offenders with Mental Disorder"
Chapter in Treatment of Offenders With Mental Disorders
Edited by R.M. Wettstein. Guilford Press, New York, 1998.

7. Patterson, RF, and Wise, BF: The Development of Internal Forensic Review Boards in the Management of Hospitalized Insanity Acquittees.
Journal of the American Academy of Psychiatry and the Law 26 (4), 1998.

8. Patterson R: Managed Care in Corrections.
Journal of the American Academy of Psychiatry and the Law 26 (1), 1998.

MEDIA ACTIVITIES

Dec 2007	"Treatment of Insanity Acquitees in the U.S. Virgin Islands" National Public Radio
Jan 1998	"Competence and Criminal Responsibility" FOX Evening News Washington, D.C.
Jan 1998	"Unibomber" FOX Morning News Washington, D.C.
Dec 1996	"Holiday Blues and Depression" Crosstalk - WDCU Live Public Radio Talk Show Washington, D.C.
Dec 1995	"Violence in the Community" and "The Holiday Blues" Crosstalk - WDCU Live Public Radio Talk Show Washington, D.C.
Oct 1993	"Understanding Your Mental Health" Focus on Health WOL Radio 1450 AM Washington, D.C.
Oct 1993	"The Criminally Insane" FOX TV Washington, DC
June 1993	"Psychodynamics of Violence" and "Total Well Being" WPFW-FM Talk Radio Show Washington, D.C.
Mar 1992	"State of the District: Need and Delivery of Mental Health Care Services Through DHS" DC Today, Channel 16 Washington, D.C.
Jan 1992	"A Perspective on Justice" Discussion with Prince Georges County State's Attorney Channel 18 Prince Georges County, MD

Sept 1991	"Panic Disorders" Urban Health Report WHMM-TV, Channel 32 Washington, D.C.
July 1991	"Serial Killers" FOX News Channel 5 Washington, D.C.
Mar 1991	"Domestic Violence" Urban Health Report WHMM-TV, Channel 32 Washington, D.C.
Mar 1991	"Anxiety Disorders" Urban Health Report WHMM-TV, Channel 32 Washington, D.C.
Aug 1990	"Impact of the Marion Barry Trial on the Community" Evening Exchange WHMM-TV, Channel 32 Washington, D.C.
Aug 1990	"After the Trail" WNTR-AM Radio Washington, D.C.
May 1990	"Your Mental Health" Crosstalk - WDCU Live Public Affairs Talk Show Washington, D.C.
May 1989	"How Stress Factors Affect the Community" The Morning Show with Cathy Hughes WOL Radio Talk Show Washington, D.C.
Feb 1987	"A Washington Life" Washington Post Magazine Washington, D.C.
Jan 1987	"The San Isidro Murder Slayings: Psychological Aspects" Newscenter 4 Washington, D.C.

OTHER ACTIVITIES

2006 - Present	Peer Reviewer Psychiatric Services Journal of the American Psychiatric Association Arlington, VA
1998 - Present	Peer Reviewer Journal of the American Academy of Psychiatry and the Law Blumfield, CT
1998 - 2004	Chairman Institutional and Correctional Psychiatry Committee American Academy of Psychiatry and the Law Blumfield, CT

2000 - 2001	President Washington Psychiatric Society Washington, D.C.
August 1999	Co-Chairman National Summit on Violence Throughout the Life Span Colorado Violence Prevention Center Denver, CO
1999 - 2000	President-Elect Washington Psychiatric Society Washington, D.C.
1998 - 1999	President Guttmacher Forensic Educational Fund, Inc. Baltimore, MD
Dec 1997 & Jan 1998	Trainer Suicide Prevention Training for Correctional Officers Central Booking Intake Facility and Baltimore City Detention Center Baltimore, MD
1997 - 1998	Vice President Guttmacher Forensic Educational Fund, Inc. Baltimore, MD
1996 - 1997	Chairperson Consortium on Special Delivery Settings Council on Psychiatric Services American Psychiatric Association Washington, D.C.
1994 - 1999	Vice Chairperson Council on Psychiatry and Law American Psychiatric Association Washington, D.C.
1994 -1997	Member Executive Council American Academy of Psychiatry and Law Blumfield, CT
1994 - 1997	Member Ad Hoc Committee to Develop a Slate of Candidates for Election to the American Board of Psychiatry and Neurology Deerfield, IL
1993 - 1997	Member Institutional and Correctional Psychiatry Committee American Academy of Psychiatry and the Law Bloomfield, CT
1993 - 1994	Vice-Chair to Executive Committee Forensic Division National Association of State Mental Health Program Directors Alexandria, VA

1992 - 2001	Member Committee on Added Qualifications in Forensic Psychiatry American Board of Psychiatry and Neurology Deerfield, IL
1990 - 1994 & 1998 - 2001	Member and Washington, D.C. Representative Forensic Division National Association of State Mental Health Program Directors Alexandria, VA
1992 - 1994	Treasurer Washington Psychiatric Society Washington, D.C.
1992 - 1994	Member Institutional Review Board Department of Health and Mental Hygiene State of Maryland
1990 - 1991	President D.C. Chapter Washington Psychiatric Society Washington, D.C.
1990 - 1991	Member ABT Oversight Committee Patuxent Institute Jessup, MD
1990 - 1991	Chairman Council on Psychiatry D.C. Medical Society Washington, D.C.
1989 - 1994	Councilmember Council on Psychiatry D.C. Medical Society Washington, D.C.
1989 - 1990	Secretary Council on Psychiatry D.C. Medical Society Washington, D.C.
1987 - 1993	Member Advisory Merit Selection Panel (Appointed by Chief Judge Fred B. Ugast of the Superior Court of the District of Columbia) Washington, D.C.
1986 - 1988	Co-Editor American College of Mental Health Administration Newsletter Washington, D.C.
1985 - 1986	Editor St. Elizabeths Hospital Medical Society Newsletter Washington, D.C.

AWARDS

February 2001	"Key to Louisiana State Penitentiary at Angola" Louisiana Department of Corrections Baton Rouge, LA,
May 1998	Award for Support to Commission on Mental Health Services Department of Nursing, Commission on Mental Health Services Washington, D.C.,
February 1998	"Key to Patuxent Institution" Department of Public Safety and Correctional Services Jessup, Maryland
March 1996	Distinguished Visiting Professor Florida State Hospital Orlando, Florida
1994	Certificate of Appreciation for Dedication to Clifton T. Perkins Hospital and the Mental Health Forensic System of Maryland Department of Health and Mental Hygiene Baltimore, Maryland
1994	Certificate of Appreciation Medical Records Department, Clifton T. Perkins Hospital Jessup, Maryland
November 1992	Award for Public Service United States Department of Justice Washington, D.C.,
October 1992	Certificate of Appreciation Risk Management/Quality Assessment Program Mental Hygiene Administration Baltimore, Maryland
October 1992	Outstanding Public Service Recognition Resolution Council of the District of Columbia Washington, D.C.
October 1992	Distinguished Service Award Department of Human Services, District of Columbia Washington, D.C.
October 1992	Meritorious Public Service Award Office of the Mayor Washington, D.C.
October 1992	Our Hero Award Patient's Rights Council St. Elizabeths Hospital Washington, D.C.,
October 1992	Outstanding Assistance and Support to Law Enforcement United States Secret Service Washington, D.C.
September 1992	Superior Support for United States Public Health Service

	Washington, D.C.
May 1992	Certificate of Appreciation for Dedicated Service to the Psychiatry Section of the Medical Society of the District of Columbia Washington, D.C.
February 1992	Certificate of Appreciation for Hostage Negotiations Conference Baltimore County Police Department Baltimore, Maryland
1989	Blacks in Government Award for Outstanding Service in Forensic Psychiatry and Community Service Washington, D.C.
March 1987	The ADAMHA Administrators Award for Achievements of the Quality Assurance Workgroup St. Elizabeths Hospital Washington, D.C.
June 1986	Alumnus of the Year St. Elizabeths Overholser Division of Training Washington, D.C.

MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS

American Academy of Psychiatry and the Law
American College of Mental Health Administration (Fellow)
American Medical Association
American Psychiatric Association (Distinguished Fellow)
Black Psychiatrists of America
Howard University Medical Alumni Association
Medical Society of the District of Columbia
National Alliance for the Mentally Ill
National Medical Association
Society of Correctional Physicians
Washington Psychiatric Society

Raymond F. Patterson, M.D., D.F.A.P.A.
January 2013

Curriculum Vitae (Appendix)

I have provided deposition and/or testimony in the following cases during the past five years:

1. United States v. John Hinckley, Jr.
2. United States v. Zacarias Moussaoui
3. United States v. Otis Jackson, Jr.
4. Rains v. Order of Preachers, et.al.
5. Platcher v. HPL, et.al
6. Rivas v. Geico
7. Barrett v. Prison Health Services, Inc., et.al.
8. Bennett-Hattan v. Erkenbeck, et.al.
9. Cayne v. Georgetown University Hospital
10. United States v. Mirwals Mohamadi
11. Tammy Salvio v. Georgetown University Hospital, et.al.
12. United States v. Kyle McDonald
13. United States v. Keyone Jackson
14. United States v. Leonel Guerrero
15. United States v. Hosam Smadi
16. LeFlore v. Washington Hospital Center
17. United States v. James Swann
18. Anderson v. State of Colorado
19. Wu v. Children's National Medical Center
20. United States v. Wesley Johnson
21. Nugent v. Unum Life Insurance Company of America
22. T.R., et.al. v. State of South Carolina, et.al.
23. Karpinski, et.al. v. Otis Elevator Company, et.al.
24. Carpenter v. Aschenaki, et.al.
25. Keohane v. Lancaster County, et.al.
26. Moore v. Gilead Sciences, Inc.
27. Boehmler v. R.J. Sears, M.D., et.al.
28. United States v. Ronell Wilson

KRISTINE I. VINDUA, PSY.D.

Licensed Clinical Psychologist (California: PSY 24489; Washington, District of Columbia: PSY1000823)
1100 Alabama Avenue, S.E. Washington, DC 20032
Email: Kristine.Vindua@dc.gov
Phone: 760.715.9905

EDUCATION

2004- 2010 Azusa Pacific University Graduate School of Psychology
Psy.D. (Clinical Psychology: Family Psychology with a Family Forensic Psychology Concentration)
Azusa, California (APA, WASC Accredited)

2004-2006 Azusa Pacific University Graduate School of Psychology
M.A. in Clinical Psychology with Family Psychology Emphasis
Azusa, California (WASC Accredited)

2000-2004 University of California, Riverside
B.A. in Psychology
Riverside, California

PROFESSIONAL EXPERIENCE

COMPASS Mental Health Consultants, LLC
Washington, DC
October 2012- Present
Independent Forensic Psychological Consultant/Evaluator: Approximately 5-10 hours per week

- ***Clientele Description*:** Children and adolescents; referrals primarily provided by D.C. Public School and Maryland Department of Juvenile Services.
- ***Assessment Services Provided:*** Comprehensive Psychological Evaluations, Comprehensive Psychosocial Assessments, Psycho-educational Assessments, Functional Behavioral Assessments, Forensic Assessments, Violence Risk Assessments, Sex Offender Evaluations/Updates, Competency to Stand Trial Evaluations, Criminal Responsibility Evaluations, and Pre-sentencing Evaluations.
- ***Treatment Services Provided:*** Individual Therapy
- ***Other Services Provided:*** Expert testimony and consultation

Saint Elizabeths Hospital
Washington, DC
June 4, 2012-Present
Clinical Administrator: Approximately 40 hours per week
Supervisor: **Shandra Wilkerson, LICSW (Supervisory Clinical Administrator)**

- ***Setting:*** Forensic Psychiatric Hospital: A minimum- maximum-security forensic hospital as part of the District of Columbia Department of Mental Health for the care and treatment of forensic and civilly committed patients.
- ***Population:*** Urban minority adults
- ***Clientele Description*:** Saint Elizabeths Hospital houses judicially committed patients under the following commitment types: not guilty by reason of insanity, not competent to stand trial, and various civil commitments
- ***Responsibilities:*** Clinical Administrator responsibilities include: coordinating, scheduling and

facilitating Comprehensive 7 Day, Initial 30 Day, Initial 60 Day, and Every 60 Day Interdisciplinary Recovery Plan (IRP) conferences; developing and implementing the IRP that consists of diagnosis, case formulation, identification of psychiatric, behavioral, suicidal, violence and medical risk factors and level of risk, cultural factors, treatment objectives, and barriers to discharge; assisting in developing and implementing psychosocial interventions within a multidisciplinary team; crisis intervention; group and individual therapy; provide administrative supervision to multidisciplinary unit staff including psychiatrists, general medical officer, and psychologists, social worker, and nurse manager; provide Certificate for Civil Commitment and expert witness testimony.

- As member of the **Forensic Consultation Team**, additional responsibilities include: provide forensic consultations and evaluations (e.g., Competency to Stand Trial Evaluation, Violence and Sex Offender Risk Assessments, Criminal Responsibility Evaluations, Bolton Hearing Evaluations and Malingering Evaluations) and provide expert testimony before D.C. Superior Courts.

- As a member of the **Psychology Training Department**, additional responsibilities include: provide group supervision for Acceptance and Commitment Therapy groups and provide didactic trainings to psychology trainees.

Patton State Hospital
Patton, CA
September 1, 2011- May 30, 2012
Unit Clinical Psychologist: Approximately 40 hours per week
Supervisor: **David Haimson, Ph.D. (Chief of Psychology)**

- ***Setting:*** State Forensic Psychiatric Hospital: A 1,200 bed maximum-security forensic hospital as part of the California Department of Mental Health for the care and treatment of forensic and civilly committed patients.
- ***Population:*** Adults
- ***Clientele Description***: Patton State Hospital houses judicially committed patients under the following commitment types: PC 1026, not guilty by reason of insanity, PC 1370, not competent to stand trial, PC 2962/2972 mentally disordered offender, mentally disordered sex offender, and various civil commitments (i.e. LPS and Murphy conservatorship)
- ***Responsibilities:*** Team leader and psychologist of the Wellness and Recovery Treatment Team (WRT) for a caseload of 25 male patients on a long term unit that houses 50 male adult forensic patients. WRT Team leader responsibilities include: facilitating monthly treatment planning conferences; developing and implementing the Wellness and Recovery Plan that consists of diagnosis, case formulation, identification of risk factors, cultural factors, treatment objectives, and barriers to discharge; developing and implementing psychosocial interventions within a multidisciplinary team; crisis intervention; suicide and homicide risk assessment; and group and individual therapy.
- ***Conduct forensic evaluations:*** (Violent Risk, Sexual Offender Risk, Competency, Insanity, and Mentally Disordered Offender), PC 1026 (not guilty by reason of insanity) & PC 2972 (mentally disordered offender) extension, release, and recommendation to Community Outpatient Treatment/CONREP (Conditional Release Program) reports, forensic consultation and recommendations.

POSTDOCTORAL FELLOWSHIP: FORENSIC (approved by the American Board of Forensic Psychology)

Patton State Hospital
September 1, 2010- August 31, 2011

Forensic Postdoctoral Fellowship: Approximately 40 hours per week; 2000 total supervised hours
Supervisor: **Craig Lareau, J.D., Ph.D., ABPP**

Responsibilities: Conduct forensic clinical evaluations and provide forensic consultation and recommendations. Types of forensic clinical evaluations typically include:

- Criminal Forensic Evaluations (e.g., Competency to Stand Trial , Assessment of Malingered Trial Incompetence, Insanity, Mens Rea, Violence Risk Assessment, Sexual Violence Risk Assessment , Mentally Disordered Offender Evaluations: Initial Prison Evaluations & Annual Extension Evaluations)
- Civil Extension Evaluations
- Civil Evaluations (e.g., Child Custody and Personal Injury/Disability Evaluations)

- ***Seminars*:** Attend weekly didactics: General areas covered include forensic mental health law, forensic assessment, professional ethics, and expert testimony.
- ***Instruments Primarily Used*:** PCL-R, HCR-20, VRAG, STATIC-99, SORPI, STABLE-2000, ACUTE 2007, MMPI-rf, WAIS-IV, TOMM, SIRS, M-FAST, Rey-15, VIP

PREDOCTORAL INTERNSHIP

Saint Elizabeths Hospital: Clinical Psychology Intern: Forensic Track (APA Accredited)
Washington, DC
July 1, 2009-June 31, 2010
Director of Training: **Richard Gontang, Ph.D.**
Predoctoral Internship: Approximately 40 hours per week; 2000 total supervised hours
Supervisors: **Beth Gouse, Ph.D (Clinical); Nicole Rafanello, Ph.D. & Pius Ojevwe, Psy.D. (Ward/Rotation); Erik Hansen, Psy.D (Assessment); Kristin Reese, Psy.D. &Travis Flower, J.D., Psy.D. (Group Therapy).**

- ***Setting:*** Forensic Psychiatric Hospital: A minimum- maximum-security forensic hospital as part of the District of Columbia Department of Mental Health for the care and treatment of forensic and civilly committed patients.
- ***Population:*** Urban minority adults
- ***Clientele Description*:** Saint Elizabeths Hospital houses judicially committed patients under the following commitment types: not guilty by reason of insanity, not competent to stand trial, and various civil commitments
- ***Responsibilities:*** Conduct clinical intake interviews; psychodiagnostic, malingering, violence risk assessments; individual and group psychotherapy, facilitate IRP meetings; conduct competency to stand trial screeners at the D.C. Superior Court cell block, and consult with a multidisciplinary treatment team.
- ***Seminars*:** Attend weekly training seminar and group supervision on topics including forensic psychology, individual psychotherapy, group psychotherapy, cultural competency, psychodiagnostic assessment, and psychopharmacology.
- ***Instruments Primarily Used*:** WAIS-IV, WASI, RBANS, WRAT-IV, WTAR, MMPI-II-RF, MCMI-III, Rorschach (Exner System), PAI, PCL-R, VIP, SVT, TOMM, SIRS.

SUPERVISED CLINICAL EXPERIENCE

Harbor-UCLA Medical Center: Cognitive Behavioral/Dialectical Behavior Therapy Adult Outpatient Clinic
September 2008- June 2009
Practicum IV: Approximately 16-20 hours per week, 500+ total supervised hours
Supervisors: **Lynn McFarr, Ph.D; Alina Gorgorian, Ph.D**

- ***Setting:*** Outpatient, Evidenced-Based, Cognitive-Behavioral Outpatient Treatment clinic for adults.
- ***Population:*** Adults
- ***Clientele Description*:** Diverse ethnic/racial, religious, and SES backgrounds. Variety of diagnostic categories: mood, anxiety, psychotic, substance-abuse, disruptive behavioral disorders, and persistent personality disorders, specifically Borderline Personality Disorder.
- ***Responsibilities:*** Lead inpatient and outpatient cognitive behavioral therapy groups on symptom management, acceptance and commitment therapy (ACT) with psychosis, and dialectical behavioral therapy skills group (DBT). Offer integrated services to patients and their families, including social skills training, substance abuse treatment, and psychotherapy. Provide cognitive behavioral therapies such as CBT, DBT, ACT, and Cognitive Behavioral Analysis System of Psychotherapy (CBASP) depending upon the individual needs, to adults in both individual and group formats. Work with an interdisciplinary team and individuals that are seen for empirically validated treatment.
- ***Seminars*:** Attend weekly training seminar and group supervision on topics including intensive CBT/DBT, ACT, and CBASP training. Required courses include the CBT course, the DBT team consultation and the psychology case conference.

Patton State Hospital
September 2007- August 2008
Practicum III: Approximately 16 hours per week; 700 total supervised hours
Supervisors: **Annette Ermshar, Ph.D., ABPP; Sean Evans, Ph.D. (primary unit supervisor)**

- ***Setting:*** State Forensic Psychiatric Hospital: A 1,200 bed maximum-security forensic hospital as part of the California Department of Mental Health for the care and treatment of forensic and civilly committed patients.
- ***Population:*** Adults
- ***Clientele Description*:** Patton State Hospital houses judicially committed patients under the following commitment types: PC 1026, not guilty by reason of insanity, PC 1370, not competent to stand trial, PC 2962/2972 mentally disordered offender, mentally disordered sex offender, and various civil commitments (i.e. LPS and Murphy conservatorship)
- ***Responsibilities:*** Conduct clinical intake interviews, psychodiagnostic, malingering and neuropsychological screening assessments, report writing; conducted group psychotherapy (co-leader); and consult with multidisciplinary treatment team.
- ***Seminars*:** Attend weekly training seminar and group supervision on topics including introduction to forensic psychology, clinical interviews with chronically mentally ill patients, and psychodiagnostic assessment and interpretation. Attended training workshop on Prevention and Management of Assaultive Behaviors (PMAB).
- ***Instruments Primarily Used*:** WAIS-III, WASI, RBANS, MMPI-II, MCMI-III, Rorschach (Exner System), PAI, M-FAST, Rey-15, VIP, SVT, TOMM, SIRS.

Hathaway- Sycamores Child and Family Services
South Pasadena, CA
September 2006- September 2007
Practicum II: 662 total supervised hours
Supervisors: **Beth Carroll, Psy.D.**

- ***Setting:*** Comprehensive outpatient treatment program
- ***Population:*** Children, Adolescents, and Young Adults
- ***Clientele Description:*** Seriously emotionally disturbed individuals, from group homes, outpatient settings, and non-public school programs; young adults in transitional living program;

and infants and toddlers in foster care. Diverse ethnic/racial, religious, and SES backgrounds. Variety of diagnostic categories: mood, anxiety, psychotic, pervasive developmental and disruptive behavioral disorders, learning disorders, and mental retardation.

- ***Responsibilities:*** Conducted intake interviews, neuropsychological and educational assessments, developed testing batteries tailored to referral question, differential diagnosis, written reports, consultation, and feedback.
- ***Seminars:*** Attended training seminars and group supervision on topics including psychodiagnostic assessment and interpretation, wraparound services, residential services, and childhood and adolescent development.
- ***Instruments Primarily Used:*** WISC-IV, T.O.V.A, CPT, Vineland, MMPI-A, Conners, PIY, Roberts-2, BDI, WASI, and House-Tree-Person.

APU Child and Family Development Center / Azusa Unified School District
Azusa, CA
September 2005- June 2006
Practicum I: 451.5 hrs.
Supervisors: **Stephen Cheung, Psy.D**

- ***Setting:*** A community-counseling center in a low SES community offering individual, marriage, and family therapy services with fees based on a sliding scale.
- ***Population:*** Children, Adolescents, Adults and Couples
- ***Clientele Description:*** Clients from a primarily Latino community were commonly treated for mood disorders, anxiety disorders, adjustment disorders, parenting issues, and relationship problems.
- ***Responsibilities:*** Provided individual therapy

Paramount Elementary School
Azusa, CA
Supervisor: **Stephen Cheung, Psy.D.**

- ***Setting:*** elementary school
- ***Population*:** elementary aged children and community clients
- ***Clientele Description*:** children with emotional, interpersonal, and behavioral problems.
- ***Responsibilities*:** Provided therapy to Elementary school students and community clients, focusing primarily on low SES and minority populations

Child and Family Development Center
Azusa, CA
January 2005- December 2005
Pre-Practicum: 30 hours
Supervisor: **Sheryn T. Scott, Ph.D.**

- ***Setting*:** a community-counseling center in a low SES community
- ***Population*:** Undergraduate Students
- ***Clientele Description*:** Adult population: depression, anxiety, relationship difficulties, family concerns, self-esteem and identity concerns, eating and body image issues, spiritual concerns, and stress-related difficulties.
- ***Responsibilities*:** Provided short term (10 sessions each) individual therapy

ADDITIONAL CLINICAL EXPERIENCE

Professional Student Intern
Children's Intensive Treatment Services
Riverside County Mental Health
September 2003- June 2004

- Charted child's daily assessments and weekly summaries
- Facilitated group therapy interventions and daily activities designed to reduce patient behavioral symptoms and introduce positive coping mechanisms
- Encouraged and supported children in meeting their individual daily goals
- Assisted therapist in Children's Day Treatment. Group sessions included: Group, Play Group, Skills Group, Offsite Activity, Cooking Group, and Anger Management
- Collaborated with a multidisciplinary team
- Performed crisis intervention and de-escalation techniques
- Received weekly supervision from a Licensed Clinical Social Worker

RESEARCH EXPERIENCE

Doctoral Dissertation
Azusa Pacific University
September 2005- 2010

- *Topic*: **The Relationship between Acculturation and Adherence to Cultural Values, and its Effect on Mental Health in Filipino Americans**
- *Chair*: Stephen Cheung, Psy.D.
- *Committee*: Robert Welsh, Ph.D., ABPP, and Felicitas dela Cruz, DNSc, FAANP, RN

Psychology Research Assistant
Patton State Hospital, California Department of Mental Health
June 2006- August 2007

- ***Supervisors:*** Annette Ermshar, Ph.D, ABPP.; Bob Welsh, Ph.D., ABPP
- ***Setting Type:*** State Forensic Psychiatric Hospital
- ***Research Study:*** The Nature of Psychopathy among Forensic Patients and Abstract Concept Formation (California State Health and Human Service Agency-Approved Research Project).
- ***Duties:*** Conducted Hare Psychopathy Checklist (PCL-R) to examine the distribution of psychopathy among maximum-security forensic inpatients. Administered neuropsychological assessment instruments, including Stroop, FrSBe, Short Category Test and Wisconsin Card Sorting Test to examine executive functioning among forensic patients.
- ***Seminar:*** Attended training seminars on PCL-R and neuropsychological assessment administration, including training for inter-rater reliability on the PCL-R. Attended training workshop on Prevention and Management of Assaultive Behavior (PMAB)
- Individual supervision by a licensed clinical psychologist

Research Assistant
University of California, Riverside
April 2003- June 2004

- ***Supervisor:*** Ross Parke, Ph.D.
- NICHD National Consortium on Early Child Care and Development, a multi-site longitudinal study of the effects of out of home child care on children's social, emotional and cognitive development
- ***Duties***: Coded videos of children interacting with their peers using a variety of approaches including lab observational strategies
- Recorded data from various journals for a meta-analysis study

Research Assistant
University of California, Riverside
September 2002- June 2003

- ***Supervisor:*** David Funder, Ph.D.
- Riverside Accuracy Project
- ***Purpose:*** to investigate the factors that influences the accuracy with which people make personality judgments of themselves and others.
- ***Duties:*** Observed and recorded interactions between three strangers
- Utilizing the Riverside Behavioral Q-sort to assess the target participant's behavior and personality in a social situation.

TEACHING EXPERIENCE

Azusa Pacific University Graduate School of Psychology
Guest Lecturer for Stephen Cheung, Psy.D., Techniques of Change B: Cognitive Behavioral Intervention
November 2, 2010

- ***Duties:*** Provided an overview of Acceptance and Commitment Therapy and Dialectical Behavior Therapy to second year doctoral students.

Azusa Pacific University Graduate School of Psychology
Teaching Assistant for Barbara Janetzke, Ph.D., Assessment IV: Projectives
September 2007- December 2007

- ***Duties:*** Conducted weekly one hour Rorschach labs, assisting students in Rorschach administration, scoring, and interpretation based on Exner's Comprehensive System.

SUPERVISION EXPERIENCE

Azusa Pacific University Graduate School of Psychology
September 2007- December 2007

- ***Duties:*** Supervised 1 first year doctoral student. Supervision included a review of student's video or audio-taped sessions, group discussions, role plays, and short lectures related to theoretical and practical applications of clinical therapy.
- ***Setting:*** Supervision Course
- ***Professor:*** **Sheryn T. Scott, Ph.D**

CONFERENCE PAPERS AND PRESENTATIONS

Vindua, K., dela Cruz, F., Cheung, S., & Welsh, R. (2010, August). The Relationship between Acculturation and Adherence to Cultural Values and its Effect on the Mental Health of Filipino Americans. Poster accepted at the 2010 Annual Conference of the American Psychological Association

Vindua, K. (2010, October), The Relationship between Acculturation and Mental Health in Philippine-born and U.S.-born Filipino Americans. Presenter at the 5th Annual Asian American Health Conference: Reinvesting in Our Communities for Health Equity (*Mental Health Care: the Personal is Political* session), New York University.

Rubin, N., **Vindua, K.,** McGinn, M., Gorgorian, A., Zaha, N., Huang, J., & McFarr, L. (2009, November). Culturally Competent Adaptations to Dialectical Behavior Therapy Delivered in Spanish to a Latino Population in a Community Hospital Outpatient Clinic. Poster accepted at the 2009 Annual Conference for International Society for the Improvement and Teaching of Dialectical Behavior Therapy.

McGinn, M., Rubin, N., Gorgorian., A., **Vindua, K.**, Zaha, N., & McFarr, L. (2009, November). The Effectiveness of Dialectical Behavior Therapy Delivered in Spanish in a Community Hospital Outpatient Clinic. Poster accepted at the 2009 Annual Conference Association for Behavioral and Cognitive Therapies.

Stevenson, L., **Vindua, K.**, Ermshar, A., Welsh, R., Chan, W., Jacoubs, J., Holler, R., Edmundson, N. Alafano, K., Hunsicker, K., Ziebell, J. (2007, August). Psychopathy and the Homicidal Triad in Insanity Acquittees. Poster accepted at the 2007 Annual Conference of the American Psychological Association.

Chan, W., Jacoubs-Beye, J., Alfano, K., Ermshar, A., Welsh, R., Stevenson, L., **Vindua, K.**, Holler, R., Edmunson, N., Ziebell, J., & Hunsicker, K. (2007, August). Normative Data on Measures of Executive Functioning in Insanity Acquittees. Poster accepted at the 2007 Annual Conference of the American Psychological Association.

SELECTED PROFESSIONAL SEMINARS

Coming of Age: The Evolution of Forensic Mental Health (Sex Offender Track) (March 2012)

- *Contemporary Issues in the Assessment of Sex Offenders: Discussion on Risk, Psychopathy, and Sadism:* Anna Salter, Ph.D
- *Lessons Learned and New Directions in the Treatment of Sex Offenders at Coalinga State Hospital:* Jerry Kasdorf, Ph.D
- *Practical Strategies for Individualizing Therapy:* An Integrated Model of Sex Offender Treatment: Adam Deming, Psy.D
- *Clinical Interviewing with an Emphasis on Taking a Sex History:* Judith Becker, Ph.D
- *Polemicaphilia: Controversial Wannabee Paraphilias and Internet Child Pornography: Predicting Who is At Risk to Sexually Assault Children:* Robert Prentky, Ph.D

Assessing Psychopathy with the PCL-R (December 2011)
Reid Meloy, Ph.D
Darkstone Accredited PCL-R Workshop sponsored by Specialized Training Services

Violence Risk Assessment & Management Using Structured Professional Judgment (January 2011)
Kevin Douglas, Ph.D.
American Academy of Forensic Psychology Workshop Series

Evaluations of Criminal Responsibility (January 2011)
Terry Kukor, Ph.D.
American Academy of Forensic Psychology Workshop Series

Classification Tests in Forensic Assessment (January 2011)
Richard Frederick, Ph.D.
American Academy of Forensic Psychology Workshop Series

Forensic Application of the MMPI-2 (January 2011)
Roger Greene, Ph.D.
American Academy of Forensic Psychology Workshop Series

Psychological Examinations in Disability Matters (January 2011)
Lisa Drago Piechowski, Ph.D., ABPP
American Academy of Forensic Psychology Workshop Series

The Youth Offender: Juveniles and Young Adult Offenders in the Juvenile Justice and Criminal Justice System (September 28, 2011)
Marjorie Graham-Howard, Ph.D. & Aaron Bartholomew, M.A.
Patton State Hospital's Forensic Mental Health Conference

Epidemiology & Neurology of Violence (September 29, 2011)
Steven Stahl, M.D.
Patton State Hospital's Forensic Mental Health Conference

Suicide (September 29, 2011)
Behnam Behnam, M.D.
Patton State Hospital's Forensic Mental Health Conference

The Usual Suspects: Perpetrators of Aggression in a Maximum Security Mental Health Hospital (September 29, 2011)
Sean Evans, Ph.D. & Shannon Bader, Ph.D.
Patton State Hospital's Forensic Mental Health Conference

Distinguishing Between Sex Offender Types: Evolution, Psychopathy, & Neurologic Impairment (September 29, 2011)
Stephen Hansen, Psy.D.
Patton State Hospital's Forensic Mental Health Conference

Expert Witness Testimony (March 2011)
Craig Lareau, J.D., Ph.D., ABPP
Patton State Hospital Forensic Symposium.

The Good Lives Model: Emerging Trends in Sex Offender Treatment and Management (September 2010)
Julie Yang, Psy.D.; Kirsten Richter, LCSW
Patton State Hospital Forensic Conference

MDO Panel Discussion (September 2010)
Mendel Feldsher, M.D.
Patton State Hospital Forensic Conference

Use of "California Therapy" (Philosophy, Existentialism and REBT) in Treatment of SVP's (September 2010)
R. Bates, M.A. (Philiosophy), Psy.D. (Forensic Psychology), SAC, CSH
Patton State Hospital Forensic Conference

How to Best Prepare for Forensic Testimony (September 2010)
Diane M. Harrison, J.D.
Patton State Hospital Forensic Conference

Intermediate/Advanced Workshop in Acceptance and Commitment Therapy: 2-day intensive workshop that presented and instructed experiential exercises in advanced ACT techniques (February 2009)
Robyn D. Walser, Ph.D.
Cognitive Behavior Therapy Institute, Los Angeles, CA

Dialectical Behavioral Therapy for the Treatment of Borderline Personality Disorder: 2-day intensive workshop that presented the basic principles and clinical applications of DBT. (September 2008)

Lynn McFarr, Ph.D., Dorit Saberi, Ph.D., Michelle Berk, Ph.D.
Los Angeles Department of Mental Health, Los Angeles, CA

Advanced Dialectical Behavioral Therapy for the Treatment of Borderline Personality Disorder: 1-day intensive workshop that presented the advanced principles and clinical applications of DBT (September 2008)
Lynn McFarr, Ph.D., Dorit Saberi, Ph.D.
Los Angeles Department of Mental Health, Los Angeles, CA

Cognitive-Behavioral Analysis System of Psychotherapy (CBASP) for Chronic Depression: 1-day intensive workshop that presented the basic principles and clinical applications of CBASP. (September 2008)
Eric Levander, M.D., Lynn McFarr, Ph.D.
Los Angeles Department of Mental Health, Los Angeles, CA

Acceptance and Commitment Therapy (ACT): 1-day intensive workshop that presented the basic principles and clinical applications of ACT (September 2008)
Lynn McFarr, Ph.D.
Los Angeles Department of Mental Health, Los Angeles, CA

Collaborative Problem Solving: Parenting, Teaching and Treating Children with Social, Emotional and Behavioral Challenges (February 12, 2008)
J. Stuart Ablon, Ph.D.
Department of Graduate Psychology, Azusa Pacific University, Azusa, CA

*Depression & Suicide in Youth: Risk Assessment& Cognitive Behavioral Therapy Approaches (*February 26, 2006)
Margaret Rea, Ph.D. and Delaney Thrasher, Ph.D.
Hathaway-Sycamores Child & Family Services

Ages & Stages Questionnaire: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors Training (February 15, 2007)
Rose Temblador, Ph.D.
Hathway-Sycamores Child & Family Services

Rorschach Workshop (November 04, 2006)
Carole Edwards, Ph.D.
Pacific Clinics, Pasadena CA

*Psychopathy Check List-Revised Training (*June 16, 20, 23, 27; July 4, 11 2006)
Annette Ermshar, Ph.D.

*Neuropsychological Tests Training (*June 30, 2006)
Wisconsin Card Sort; Stroop; Short Category Test; FRISBE
Robert Welsh, Ph.D.

Roberts-2 Training (April 20, 2006)
Glen Roberts, Ph.D.
Hathaway-Sycamores Child and Family Services, S. Pasadena, CA

The Past, Present, and Future Evolution of the MMPI (February 06, 2006)

Alex Caldwell, Ph.D.
Department of Graduate Psychology, Azusa Pacific University, Azusa, CA

Assessing and Healing Shame through Clinical Encounters (March 15, 2005)
Nancy Thurston, Psy.D.
Voices Conference, Azusa Pacific University, Azusa, CA

CERTIFICATES

- *Child Abuse Mandated Reporting-California Four Hour Online Training Module* (September 15, 2006)
  California Department of Social Services, Office of Child Abuse Prevention
  California Institute of Human Services, Sonoma State University

- Child Abuse Training Seminar (January 22, 2005)
  Child Abuse Seminar Certificate
  Azusa Pacific University, Azusa CA

- Completed 12 hrs. of training in *Safety-Care Behavioral Safety Specialist Initial Training* (June 6 & 8 2012)

PROFESSIONAL AFFILIATIONS

- Member, American Psychological Association
- Member, Forensic Mental Health Association of California
- Member, Association of Behavioral and Cognitive Therapies

ADDITIONAL SKILLS & LANGUAGES

- Bilingual (Proficient in English and Tagalog)
- Standard First Aid (American Red Cross)
- CPR—Adult, Child and Infant (American Red Cross)

ERIK K. HANSEN, Psy.D
1100 Alabama Ave. SE Washington, DC 20032
202-299-2205
Erik.Hansen@dc.gov

EDUCATION

Psy.D. in Clinical Psychology — April 2007
American School of Professional Psychology at Argosy University
Washington, DC
APA-accredited program

Master of Arts; Clinical Psychology — March 2005
American School of Professional Psychology at Argosy University
Washington, DC

Bachelor of Science; Business Administration — Spring 2000
University of Utah
Salt Lake City, UT

LICENSES

District of Columbia, # PSY1000549; expires December 2013.
Virginia, #0810004160; expires June 2013.
Certified Sex Offender Treatment Provider (Virginia)

EMPLOYMENT

Department of Mental Health, St. Elizabeth's Hospital — November 2007- Present
Washington, DC

Work as part of a multidisciplinary team that includes psychologists, psychiatrists, nurses, social workers as well as trainees from various disciplines. Work as part of a team in the coordination of care, diagnosis, treatment and discharge of patients. Responsibilities include psychological, malingering, violent risk, sexual risk, and competency to stand trial assessments. Provide individual and group therapy with a severely mentally ill population; groups include Relapse Prevention (sex offender group), Healthy Choices (developmentally delayed sex offender group), Competency Group (competency education with pre-trial patients), a process group with patients from the Relapse Prevention, and Staying Safe (group for pretrial patients that emphasized taking psychotropic medication and avoiding dangerous environments in the community). Use of numerous test instruments include the WAIS-IV, MMPI-2, PAI, PAS, CAST-MR, SIRS, TOMM, VIP, STATIC-99, Vermont Assessment of Sex Offender Risk, Sex Offender Need Assessment Rating (SONAR), the VRAG and SORAG, SVR-20, HCR-20, PCL-R, RBANS, WTAR, and SARA. Additional responsibilities include supervision of postdoctoral residents and interns with assessments. Member of the Assessment and Research Committees. As a member of the Assessment

Committee, helped develop and implement the hospitals Initial Psychological Assessment for new admissions to the hospital as well as assisted in the development of peer review forms. Current research projects include a normative study for the RBANS and developing visually assisted narratives for developmentally delayed sex offenders. Currently supervise two doctoral interns; one on the civil track and one on the forensic track. In addition to supervision, responsibilities also includes reviewing applications for interns and postdoctoral candidates, interviewing applicants, and selecting interns and postdoctoral candidates for positions.
Chief Psychologist: Richard Gontang, Ph.D.

APA ACCREDITED INTERNSHIP

Superior Court of the District of Columbia, Child Guidance Clinic Aug. 2006-July 2007
Washington, DC

Internship includes assessments (psychological, psychoeducational, psychosexual, violence risk, drug abuse, Competence to Stand Trial), psychotherapy (individual and group), consultation/training, program evaluation, and integrating research, theory, and practice. The emphasis of the program was assessments of adolescents in the juvenile justice system. Typically test once but not unusual to test twice per week. Tests instruments include: Wechsler instruments (WAIS-III, WISC-IV, WASI, WIAT), Rorschach, MMPI-2, MMPI-A, MACI, TSCC, TSI, Woodcock Johnson-III, SAVRY, ERASOR, JACI, JSOAP, CBCL, CAST MR, SAI-J, PHASE Sexual Attitudes Questionnaire, Juvenile Sex Offender Self-Report, STAXI-2, Adolescent Cognitions Scale (Revised), CBCL, Vineland, Trails A and B, Clock Drawing, Wisconsin Card Sorting Test, Rey-Osterich Complex Figure Test, California Verbal Learning Test-Children's Version and SASSI, and other specialized instruments. Additional responsibilities included individual therapy (using various treatment modalities) with the same population. Receive a minimum of 10 hours/week in supervisory and didactic training. Co-led the Juvenile Interpersonal Behavior Management (JIBM) group (sex offender group) the entire training year. Part of group responsibilities included adjunct individual consultation with juvenile participants to assist them with the relapse prevention workbook. JIBM also included a separate weekly parent session to provide education working with their child in the home regarding prevention and safety. Multiple court appearances to provide testimony before the presiding judge regarding the treatment, evaluation, recommendation, placement (including consideration for psychiatric hospitalization), or crisis matters concerning juveniles. Educational presentations (using multi-sensory adult learning methods) to court probation staff on the interpretation and use of testing results, treatment and intervention modalities with juveniles, and case specific staffing. Provide informal supervision to externs. Outplacement rotation at Child Advocacy Center (center for abused and traumatized children). Group training outplacement at Howard University Counseling Service.
Chief Psychologist: Michael E. Barnes, Ph.D.
Direct Supervisor: Mitchell H. Hugonnet, Ph.D.

PRACTICUM EXPERIENCE

Therapy/Assessment Practicum July 2004-April 2005
Associated Clinical Services
Springfield, VA

Conducted intake assessments and provided therapy and testing services for children, adolescents, and adults. Worked with individuals, families, and couples in therapy; also consulted with teachers on behavior plans for the classroom. Consulted with school administrators on IEP students. Administered and scored tests including the Woodcock-Johnson Test of Achievement-Third Edition, Wechsler Adult Intelligence Scale-Third Edition, Wechsler Intelligence Scale for Children-Fourth Edition, Rorschach Inkblot Test, MMPI-2, Stanford-Binet, and Dean-Woodcock. Wrote evaluations, therapy related documents, as well as provided informational documentation to teachers, attorneys, and adjunct case specific parties.
Supervised by Edwin N. Carter, Ph.D.

Therapy Practicum Sept. 2003-June 2004
Center for Student Support Services; Woodridge Elementary
Washington DC

Conduct intake assessments and develop treatment plans for students, grade K-5, with clinical needs. Provide individual, family, group therapy, consultation with teachers, assist in school-wide prevention (e.g. conflict resolution), training school staff, and program development. Student population is primarily African-American. Students present with a variety of clinical problems including conduct and behavioral problems, emotional problems, and learning disabilities.
Supervised by David B. Sacks, Psy.D.

CLINICAL EXPERIENCE

Co-Teacher Fall 2002-Spring 2004
LDS Family Services
Vienna, Virginia

Co-taught a Marriage and Relationships class in a faith-based agency designed to help couples overcome difficulties in their marriage. Included topics such as communication styles, gender differences, resolving conflict, and anger management. Facilitate discussions about the topics, allow couples opportunity to practice skills, and provide feedback to the couples while practicing.

Assessment Externships July 2003-Sept. 2003
District of Columbia Superior Court May 2004-Sept. 2004
Child Guidance Clinic
Washington, DC

Applicant sought additional assessment experience and training through the Child Guidance Clinic at the DC Superior Courts. Administered scored, and wrote psycho-educational evaluation for adolescents. Tests administered include: Wechsler Adult Intelligence Scale-Third Edition, Woodcock Johnson Tests of Achievement-III, Rorschach Inkblot Test (Exner Comprehensive Method), Millon Adolescent Clinical Inventory, Substance Abuse Subtle Screening Inventory, and the State-Trait Anger Expression Inventory.
Supervised by Michael E. Barnes, Ph.D., Chief Psychologist

Volunteer May 2002-July 2003
Crisislink
Arlington, VA

Answered telephone calls and use empathic listening skills to discuss day-to-day as well as major problems in an individual's life. Provided a safe, non-judgmental environment for caller. Entered all necessary information from the call into a database.

Teacher/Counselor Oct. 2000-Dec. 2001
Utah State Prison
Salt Lake City, UT

Taught "Overcoming Addictive Behaviors" class. Counseled inmates on various issues including personal problems, spiritual concerns, and addictions. Served as discussion facilitator in class. Used spiritual and behavioral interventions with inmates. Provided safe environment for inmates to discuss their concerns and connect with other members of the group.

Teacher/Tutor Oct. 1999-Sept. 2000
Salt Lake County Criminal Justice Services Division
Salt Lake City, UT

Worked with assigned inmates in reading, writing and math skills to prepare them for the GED and taught a taught life skills class to prepare inmates for re-entering society. Listened to their problems and concerns about re-entering society upon their release. Used reflections and empathic listening to guide them to find solutions to their problems. Also used behavioral interventions.

Teacher/Counselor Jan. 1999-April 1999
Homeless Youth Resource Center
Salt Lake City, UT

Assisted homeless teens with math, reading and writing skills to prepare them for the GED test. Used Rogerian (use of reflecting strengths) therapeutic skills to facilitate discussions. Provided a safe, non-judgmental environment for teens to discuss their concerns.

Tutor March 1996-May 1996
Washington Elementary School
Salt Lake City, UT

Helped non-English speaking children with English reading skills.

WORK HISTORY

Psychology Associate May 2005-July 2006
Associated Clinical Services
Springfield, VA

Applicant was hired by practicum site as a psychological associate to provide treatment. Duties included: conducting intake assessments and providing therapy and testing services for children, adolescents, and adults. Worked with individuals, families, and couples in therapy; also consulted with teachers on behavior plans for the classroom. Consulted with school administrators on IEP students. Administered and scored tests including the Woodcock-Johnson Test of Achievement-Third Edition, Wechsler Adult Intelligence Scale-Third Edition, Wechsler Intelligence Scale for Children-Fourth Edition, Rorschach Inkblot Method, MMPI-2, Stanford-Binet. Wrote evaluations, therapy related documents, as well as provided informational documentation to teachers, attorneys, and adjunct case specific parties. Received supervision from Edwin N. Carter, Ph.D.

Administrative Assistant Nov. 2002-June 2004
Argosy University
Washington, DC

Help prepare and grade tests, substitute teach, and perform general office tasks.

Teacher's Assistant Jan. 2003 -April 2003
Argosy University
Washington, DC

Reviewed student outlines for their class presentations, assisted students with case vignettes, instructed class on drug and alcohol addiction, and graded tests.

PROFESSIONAL MEMBERSHIPS

American Psychology-Law Society

Michael G. Sweda PhD, ABPP (Forensic)
301-717-3416

March 20, 2013

MEMORANDUM FOR: Robert Feitel, Assistant U.S. Attorney, U.S. Attorney's Office for the District of Columbia, Homicide Section, Room 9415, 555 Fourth Street, NW, Washington, D.C. 20530

SUBJECT: Competency to Stand Trial Evaluation in reference to Michael Davis, case numbers 2012-CF1-8036, 2012-CF3-7286, and 2012-CF3-7288

1. IDENTIFYING INFORMATION

Michael Davis is a 20-year-old (DOB 09/27/1992), single, African-American male. He is currently hospitalized at St. Elizabeths Hospital in Washington DC on a Mental Examination Order.

2. REASON FOR REFERRAL

The US Attorney's Office asked that I perform a Competency to Stand Trial (CST) evaluation in reference to Mr. Davis and the aforementioned cases. Mr. Davis had undergone prior CST evaluations since being arrested in April, 2012. The original evaluations, which were performed at St. Elizabeths Hospital, initially offered opinions that the defendant was incompetent. However, the most recent evaluation offered an opinion that Mr. Davis was competent to stand trial.

3. LIST OF CHARGES

Assault with Intent to Kill While Armed (two counts); Murder.

4. STATEMENT OF NON-CONFIDENTIALITY

I explained to Mr. Davis that I had been hired by US Attorney's Office to conduct a competency evaluation in respect to his case. I further explained that Judge Morin had signed an order permitting the evaluation and allowed Mr. Davis to inspect the order. I also explained that the information he would provide in the evaluation would not be secret or confidential and would be provided to the prosecutor in a report. Mr. Davis demonstrated an understanding that I had been hired by the prosecutor and that the information collected would not be secret or confidential.

Mr. Davis recalled my name, my profession, the reason for my prior visit ("testing on competency)," and that I was working for the prosecutor during the second interview. He was reminded of, and understood, the non-confidential nature of the evaluation.

5. SOURCES OF INFORMATION

Direct Clinical Evaluation Procedures

a. Direct interview and competency testing with the defendant on March 5, 2013 for four-and-one-half hours at St. Elizabeths Hospital.

b. Direct interview and competency testing with the defendant on March 17, 2013 for 1.8 hours at St. Elizabeths Hospital.

Collateral Interviews

a. Telephonic communication with Mr. Davis's defense attorneys (Ms. Dana Page, Ms. Amanda David, Ms. Laura Rose) for 30 minutes on March 11, 2013.
b. Telephone interview with Kristine Vindua, Psy.D., on 14 March for 25 minutes
c. Telephone interview Michele Godwin, Ph.D. on 14 March for 15 minutes

Legal Documents

a. Court Order for competency to stand trial evaluation signed by Judge Robert Morin dated February 13, 2013
b. Court Orders for mental examination on Assault with Intent to Kill While Armed (Case number 2012 CF3 007288), Assault with Intent to Kill While Armed (Case number 2012 CF3 007286), Murder I (2012 CF1 008036) dated May 11, 2012.
c. Pretrial Services report dated April 27, 2012
d. Summary of alleged crimes filed with Superior Court on April 28, 2012 by Detective Gabriel Truby.

Medical and Mental Health Records, Notes from Mental Health Evaluators

a. St. Elizabeths Hospital records dated May 11, 2012 to February 26, 2013
b. Raw psychological test data, scoring protocols, and testing results printouts from St. Elizabeths Hospital for current hospitalization
c. Green Door records from October 11, 2011 to February 8, 2013
d. Notes from Dr. Eric Hansen (psychologist) – interview of defendant's family members.
e. DC Department of Corrections medical records from April 28, 2012 – May 11, 2012

Educational Records: Youth in Transition records from September 5, 2008 – May, 2012

5. GOVERNMENT'S SUMMARY VERSION OF THE OFFENSES

"Between April 24, 2012 and April 26, 2012, a series of five violent assaults were committed in the Petworth area of Northwest Washington DC. In each attack, the victim was struck from behind by a blunt object, resulting in severe head trauma and, in one instance, death. No items were taken in any of the incidents. In at least three of the attacks, the severe head trauma suffered by the victim is consistent with being caused by a claw-style weapon or hammer. This statement of probable cause relates specifically to the April 26, 2012, assaults with intent to kill ... officers approached C-1 and observed that C-1 was injured. C-1 told police that C-1 was struck in the head. Officers asked C-1 if she had been robbed. C-1 replied, I don't know, I think so. At the same time, an officer observed a black male subject, who was later identified as

Michael Davis and hereinafter D-1, wearing dark clothing, holding a dark colored bag a short distance away in the alley, watching and peering out from behind a port-a-john ...D-1 fled on foot ... Officers gave chase through the alley to 8th Street NW, where D-1 was observed discarding a black back pack near the mouth of the alley. Officers continued pursuit of D-1 through the alleys of 8th Street and Illinois Avenue NW, over a chain linked fence, and finally into the rear alley of the 4800 block of Illinois Avenue NW where officers lost sight of the subject. During the pursuit officers broadcasted a lookout description of D-1, describing him as a black male, 5'10 - 6'0 in height, short hair, and wearing a gray or white long-sleeved shirt and blue jeans.

While canvassing the area where police lost sight of D-1, an officer who had participated in the pursuit of D-1, hereinafter W-1, from a distance observed the side profile of a male subject wearing a t-shirt sitting on a front porch in the 4800 block of Illinois Avenue NW. The officer continued his canvass briefly, losing sight of the male. Within a minute, the officer's canvass brought him back to the area where he had seen the male wearing the t-shirt. This time the male subject wearing the t-shirt was walking in the front yard of the residence away from the location and crossing the street. Again, W-1 had a side profile view of the male subject.

A citizen alerted the police to the same male subject wearing a t-shirt that W-1 was only able to observe from a side profile. W-1 learned from the citizen that the male subject did not belong on the front porch of that residence. W-1 approached the male subject from behind. As W-1 closed his distance to the male subject, W-1 recognized him to be the same individual who was chased from the area of the 5000 block of 8th Street, NW. W-1 recognized the subject by his physical appearance, including his height, weight, build, haircut, and the back of his head. W-1 stopped D-1 and observed fresh cuts and fresh blood on his hands. The officer also observed sweat on the subject's forehead. Another officer reported that D-1's heart appeared to be racing. D-1 was subsequently identified as Michael Davis, DOB: 9/27/1992 with an address of 920 Emerson Street, NW, Washington, DC.

Police went to the residence in the 4800 block of Illinois Avenue, NW where the citizen observed D-1 leaving from the porch. Police noticed that a wooden screen was leaning away from the porch. Looking underneath the porch, police discovered a blue-and-white striped long sleeved thin hoodie that appeared to have blood on it ... members of the MPD K-9 unit arrived and canvassed the scene. K-9 unit advised that K9-35 gave a positive hit on the shirt located underneath the front porch of 4841 Illinois Avenue NW and immediately led the handler in the direction to where the subject was stopped by officers in front of 4825 Illinois Avenue NW. MPD mobile Crime Technicians responded to the area of the 5000 block of 8th Street, NW where police observed D-1 discard the black back pack which contained a claw hammer with what appeared to be hair on the claw end of the hammer ...".

A similar type of assault was committed mere hours before the above-described assault. In addition, a deceased victim was found approximately 0.1 miles from the suspect's home. The victim had suffered massive trauma to the head. A wallet containing money was located on the decedent's person.

6. EARLY UPBRINGING

Mr. Michael William Davis, defendant, provided the following background information about himself. He was born on September 27, 1992 in the District of Columbia. His native language is English. His mother is Jacqueline Davis and his father is Otis Willis. He stated his parents have been married and are not divorced. His mother reportedly worked cleaning houses and his father works as a roofer. Mr. Davis reported having two brothers and four sisters. His oldest brother, Vernon Davis, is 28, single, has one son, lives in San Jose CA, and "plays sports" for a living. Mr. Davis stated his brother plays basketball, but he is actually a professional football player. His brother Vonate is reportedly 25, single, has no children, lives in Miami, and "plays basketball," but is actually another professional football player. His sister Veronica is 23, married, has no children, lives in DC, and works as a teacher. He has three school-age sisters: Ebony (17 or 18 years old), Jacqueline (age 17), and Christina (age 16). He stated he gets along with all his siblings.

Records from Green Door outpatient mental health services provided the following description of Mr. Davis's upbringing:

> Consumer was born and raised in DC by his mother until age 2, when his grandmother, Adeline Davis, got legal custody because his mother was unable to care for him. His mother regained custody when he was 5 years old. Consumer's grandmother states that at that time his mother would leave him alone to babysit his younger sister, CFSA became involved, consumer's grandmother got legal custody again, and his mother terminated parental rights. Now that consumer is a legal adult, Ms. Davis is no longer his guardian. Consumer sees his mother regularly and describes their relationship as "OK." He also sees his father at times and describes their relationship as "good." Consumer has 4 sisters, aged 22, 17, 16, and 14, and 2 brothers, aged 23 and 27. Consumer reports having several friends at school he enjoys talking with. Consumer does tend to isolate socially, however, and would benefit from community support to improve communication skills.

Mr. Davis stated that there were no problems with drugs, alcohol, or mental health in his family. However, school records and provider notes indicate that Mr. Davis's mother may have had a problem with crack cocaine and marijuana use during her pregnancy with Michael and may have been drinking alcohol as well during the pregnancy. In addition, his father was also reportedly a drug user. Provider notes indicate the father stated Michael's mother was diagnosed with Schizophrenia. Michael's mother reportedly stated she is diagnosed with "Manic Depression, Bipolar and Paranoid Schizophrenic." Michael stated he feels "good" and "supported" by his family. However, records indicate he was largely raised by his grandmother (though his mother lived with him at times), and, as of 2008, reportedly had never seen his father. He stated he grew up on Emerson St, NE in Washington DC. He actually grew up on Emerson Street NW. There were no reported problems with economic deprivation. He stated his parents got along "good," and there were no reported incidents of domestic violence that he witnessed. He stated he was not physically or sexually abused as a youth.

Records indicate that Mr. Davis's grandmother stated Michael had few if any behavior problems until the seventh grade at which point he would bang his head on the wall if frustrated, broke things at home, wrote all over the walls at home, and sometimes engaged in behaviors that resulted in his siblings getting hurt. Regarding the latter, he once threw a football over his sister's head and she fell down. Other family members were reportedly scared of Michael and locked their doors at night so he couldn't get in.

Green Door records indicate that Mr. Davis's relationship – or at least living situation -- with his grandmother was jeopardized by his behavior which including breaking household items, disturbing relatives, and placing himself at risk by walking out of the house at odd hours. A placement for Mr. Davis at a Community Residential Facility was therefore being considered prior to his current hospitalization at St. Elizabeths Hospital.

7. RELIGIOUS BELIEFS

Mr. Davis stated he went to church every week when he was growing up. He did not identify affiliation with any particular church, denomination, or religion.

8. EDUCATIONAL HISTORY

Mr. Davis stated that he attended regular classes as a youth, although this is at variance with records. According to Mr. Davis, he had no learning disabilities, speech problems, or problems with his hearing or vision. When asked whether he liked school or not, he replied, "It's cool." He reportedly attended Truesdale Elementary School through the sixth grade, and stated he had no major behavioral problems. Records indicate he was reportedly diagnosed with Attention Deficit Disorder and prescribed Ritalin though he reportedly refused to take the medication. He then attended Paul middle school for grades 7 and 8 and then attended "ABC School on North Capitol Street." He stated he had no problems with rules violations, talking back to teachers, or using drugs in school. He gave discrepant information about whether he had attendance problems at school, at one point saying no, and at another point indicating that his attendance problems led to a prior psychiatric hospitalization. Records indicate a severe attendance problem beginning in the seventh grade. He was not reportedly a gang member. He stated he generally earned "Bs" and "C" grades with an occasional "D." He stated he never had to repeat an entire grade of school. Records indicate Mr. Davis was expelled from school in the eighth grade. He completed eighth grade in the Brown Center and then attended MM Washington before being placed at the Youth in Transition program.

Records indicate that Mr. Davis began attending the Youth in Transition School on September 5, 2008 and was recommended for group psychotherapy from virtually the onset of his attendance there. Records from the Youth in Transition Program also indicate that he received weekly group therapy largely to improve coping skills. He was assigned a diagnosis of Dysthymic Disorder. He was described as having difficulty performing some basic math calculations, as having below-grade writing abilities, and as having an eighth-grade reading level. He was identified as having problems with social isolation and an inability to cope with stress and frustration. He was listed as receiving 29 hours a week of special education and one hour of Behavior Support Services which corresponds to his weekly group therapy sessions. Regarding

those sessions, he is described as needing "prompts to engage in the process and is sometimes resistant."

Records from the Youth in Transition program indicate that the age of 13, Mr. Davis had a Grade Equivalent of 6.6 on Reading Comprehension, a Grade Equivalents of 4.2 on Math Calculations, and a Grade Equivalent of 5.5 on Written Expression. At the age of 15, he scored at a Grade Equivalent of 4.0 on Reading Comprehension and a 3.5 Grade Equivalent on Calculations.

The Youth in Transition program administered a psychological evaluation on July 15, 2008. The evaluation noted his grandmother stated that Mr. Davis appeared to have few problems until the seventh grade, when "it was like a switch went off in his head." He then began to have severe behavior problems such as banging his head on the wall and floors and engaging in aggressive outbursts. At the age of 15 he obtained a Wechsler Intelligence Scale for Children – IV Verbal Comprehension Index (VCI) score of 61, A Perceptual Reasoning Index (PRI) score of 71, a Working Memory Index (WMI) score of 99, a Processing Speed Index (PSI) of 80, a Full Scale IQ of 71, and a General Ability Index (GAI) score of 59. The VCI is in the intellectually deficient or Extremely Low range, the PRI is in the Borderline range, the WMI is in the Average range, the PSI is the Low Average range, the Full Scale IQ is in the Borderline range, and the GAI is in the Extremely Low range, according to Wechsler norms.

The evaluation included the Woodcock-Johnson III Achievement Tests; results were reported in tables, copies of which are shown below.

WJIII Standard/Index Scores (Mean of 100, Standard Deviation of 15)

Achievement Tests	Standard Score	Percentile Rank	95% Confidence Interval	Age Equivalent	Grade Equivalent
Broad Reading	**89**	**23**	**86-92**	**12-8**	**7.3**
Letter-Word Identification	98	45	92-104	15-1	9.8
Reading Fluency	91	26	87-94	13-2	7.9
Passage Comprehension	73	03	63-82	8-8	3.4

WJIII Standard/Index Scores (Mean of 100, Standard Deviation of 15)

Achievement Tests	Standard Score	Percentile Rank	95% Confidence Interval	Age Equivalent	Grade Equivalent
Math Calculation Skills	**65**	**01**	**58-73**	**9-7**	**4.1**
Calculation	61	>1	50-72	9-0	3.5
Math Fluency	78	07	74-83	11-2	5.8

The psychological evaluation provided diagnoses of Dysthymic Disorder, Disruptive Behavior Disorder Not Otherwise Specified, Learning Disorder NOS, Cannabis Abuse, and Phencyclidine Abuse. The evaluation suggested that Mild Mental Retardation should be ruled out.

An Individualized Educational Plan dated February 11, 2009 notes that a "Disability Coding of Ed (emotionally disturbed) is appropriate." An Intervention Behavior Plan dated February 3, 2010 indicates that Mr. Davis was in the "diploma tract." He was in the ninth grade at the age of

17. His plan identifies reading, writing, math, and social-emotional areas requiring specialized instruction, but does NOT list other areas as requiring specialized instruction, including vocational and independent living domains. He was listed as having a high level of need for the services designated. His post-school training goal included additional training in the options of horticulture, barbering, building maintenance, and culinary instruction.

Mr. Davis stated he is currently in the 11th grade. He hopes to obtain a GED and learn a trade as an electrician or plumber. He was officially discharged from the Youth in Transition program in May, 2012.

9. RELATIONSHIP HISTORY

Mr. Davis stated he had a girlfriend at the age of 15, but it was not a "heavy" relationship. He is single and stated he has no children.

10. OCCUPATIONAL HISTORY

Mr. Davis stated he had one summer job in 2008 helping his father rake leaves or doing occasional roofing jobs. He stated he was paid $50 a day. He stated he enjoyed working on those odd jobs.

11. LEGAL HISTORY

By self-report: Mr. Davis stated he has no history of prior arrests.

By review of collateral records: Records indicate that Mr. Davis had a juvenile history of Habitual Truancy (June 6, 2008) and was seen as a Neglected Child by juvenile court in May, 1998. Mr. Davis's pre-Trial Service Report revealed that he was charged as being Habitually Truant on February 4, 2009 and was sentenced to one year of probation. Probation was terminated on July 9, 2010.

12. MEDICAL HISTORY

Mr. Davis reports no history of significant medical concerns, such as chronic disease, prior surgeries, seizures, or a history of significant head injuries. Review of the medical sections of mental health records also indicates no current medical concerns.

13. MENTAL HEALTH HISTORY

Previous Outpatient Treatment

Records from the Green Door indicate he first began receiving services from that organization on October 11, 2011 on a voluntary basis. Records indicate that Mr. Davis received "High Intensity Community Based Services." The following is a representative sample of symptoms and impairments which Green Door staff noted Mr. Davis as having:

- Periods in the past of self-neglect without current evidence of such behavior
- Serious decrease in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors
- Consistent failure to maintain personal hygiene, appearance, and self-care near usual standards
- Serious disturbances in physical functioning such as weight change, disrupted sleep, or fatigue that threaten physical well being
- Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time
- Presence of some ongoing or intermittent interpersonal conflict, alienation, or other difficulties
- Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated exposure
- Has no awareness or understanding of illness and disability (Pre-contemplation Stage)

The following is a clinical description of Mr. Davis provided by Green Door on October 11, 2011.

> Consumer is a 19-year-old young man who presents with constricted and sometimes irritable affect, occasionally laughing inappropriately and speaking to people not present in the room, although he denies doing this, stating he is singing a song. He denies any auditory hallucinations. His grandmother, whom he lives with, attended the assessment interview and reported that he sometimes looks around the room when no one is there, and puts his hands over his ears when there is no noise present in the room. He acknowledges boxing on his own but denies any visual or tactile hallucinations. His grandmother states these signs started early this year. There is some evidence of delusions; he states he plays golf but his grandmother disconfirms this. He has a history of destroying property; he cut up the jeans of a boy he was angry with; 3 years ago he broke windows and doors, hit his sister very hard with a ball; he states this was an accident, but his grandmother states it was aggressive, and that he followed up by hitting her with his fists. He has gotten lost in the community on many occasions, and once went into a judge's chambers by mistake. He tends to isolate socially. 3 years ago he was hospitalized in PIW for 2-3 months; he was at PIW in March due to hallucinations. He was enrolled in First Home Care in March and has been taking Zyprexa 15mg daily since then; his grandmother notices less response to internal stimuli now. Consumer is diagnosed with Schizophrenia, undifferentiated type.

Records indicate that in April, 2012 Mr. Davis was receiving an injection of anti-psychotic medication, Risperdal Consta, every two weeks. He was described as being disorganized, displaying psychotic symptoms, and having poor self care, such as appearing at a medical appointment while wearing pants that had a hole in the crotch area. He was reported to have prominent negative symptoms such as having a flat affect, being disengaged, and being distant. In addition to being treated with the anti-psychotic medication Risperdal Consta, Green Door also treated him with the anti-psychotic and mood stabilizing medication Zyprexa, and the medication Seroquel which was used as a sleep aide. On February 22, 2012, a request for a non-formulary medication – Invega Sustenna – was made. This medication is an injectable mood stabilizer and anti-psychotic medication. He engaged in bizarre behaviors prior to his current hospitalization such as trespassing on "certain judge's chambers." Green Door Records document signs of mental illness including observation of Mr. Davis murmuring to himself, failing to take care of himself, and exhibiting disorganized speech.

On February 13, 2013, Ms. Ruth Charlerly of the Green Door wrote the following note describing her observations of Mr. Davis at court:

> He has fixed eyes in the direction of the judges (sic.) bench. Client does of move. The rise and fall of his breath are hardly noticeable.

Previous Psychiatric Hospitalizations

Mr. Davis stated that he was hospitalized at Psychiatric Institute of Washington "say four years ago, just for testing to make sure everything all right." He stated he was hospitalized for "a month or so." When asked why he was hospitalized, he stated, "The time when I had the problems with school, my family wanted me to go in to see if I could communicate with people and to test you to make sure you are all right." When asked if he had any other inpatient psychiatric stays he stated no. When asked specifically if he was hospitalized at Howard University Hospital, he replied, "It was a housing program that my family put me in." He stated he was hospitalized for a week. When asked why he was admitted he replied that his family wanted him to be tested, and that he believed the hospitalization was related to a "big headache" that he had experienced for a week.

Although the PIW records were not available for review, they are referenced in his initial competency screening evaluation of May 9, 2012, conducted by Elizabeth Teegarden, Psy.D. Mr. Davis was admitted to PIW on May 12, 2011 due to his experiencing auditory and visual hallucinations. He had "laughed and yelled out loud at school ... and lay on the bathroom floor at home for one hour talking to himself ... His teacher and his parent are both afraid of him. He was diagnosed with Schizophrenia, Paranoid Type and Borderline Intellectual Functioning."

Provider notes indicate that Mr. Davis may also have been hospitalized at Riverside Hospital for two weeks when he was 12 years old. He was reportedly admitted because he wasn't "acting normal," walking out of school, but had difficulty focusing and remembering things.

Treatment at DC Department of Corrections, April 28, 2012 – May 11, 2012

Mr. Davis was diagnosed as having Psychotic Disorder NOS. He was treated with Risperdal Consta 50 mg given intramuscularly every two weeks. Haldol IM was substituted for this near

the end of his incarceration. No specific psychotic symptoms or major behavioral problems were noted.

Current Psychiatric Hospitalization – St. Elizabeths Hospital, Records Available from May 11, 2012 – February 26, 2013

The initial diagnosis was Schizophrenia, Undifferentiated Type, PCP Abuse, and Cannabis Abuse. He was treated with the antipsychotic medications Risperdal 2mg by mouth at bedtime and Risperdal Consta (an injection) 25 mg delivered intramuscularly every two weeks. From early in his hospitalization, he was noted to be cooperative, if isolative and hesitant to initiate communication with others.

Psychological Test Results

Psychological testing by Trent Tucker PhD on June 29, 2012 resulted in the following findings: "His performance on the Wechsler Test of Adult Reading resulted in a standard score which was that which would be expected of an individual with his demographics, i.e., age, race, and education level (83, 57-109 95% confidence interval). This score permitted the WAIS-III full scale IQ to be estimated at 84 (66-102, 95% confidence interval) which is in the low average range of intellectual functioning. He achieved a similar standard score (90, 83-100, 95% confidence interval) on the Wide Range Achievement Test (word reading subtest). In contrast to his performance on the reading tests, Mr. Davis' performance on the RBANS, neuropsychological screening battery, resulted in scores on all the subtests which measure a variety of cognitive functions were in the extremely low range. There were no official norms available for his age group (<20 years old) so no formal analysis of the test results or range or degree of possible impairments can be provided." Further, results showed that his reading skills were measured as being at the 10.3 grade level "congruent with his reported level of educational achievement."

Additional psychological testing was conducted on November 9 and 30, 2012 by Dr. Erik Hansen. He administered the Woodcock Johnson III Normative Update Tests of Cognitive Abilities and Tests of Achievement and concluded that Mr. Davis's overall intellectual ability is in the very low range. Not mentioned in the "Summary of Standard Scores" is that on September 7, 2012 Mr. Davis performed in a range on a test of feigning (the Test of Memory Malingering) that would raise questions regarding the validity of cognitive test results. The TOMM results could be due to deliberate underperformance, lack of attention, or distraction due to any number of extraneous (loud milieu) or internal (physical illness, lack of sleep, hallucinations) factors.

Comparing Mr. Davis's performance on the Woodcock-Johnson III from age 15 to age 20, he fell 12 points on Broad Reading (from 89 to 77), 13 points on Letter-Word identification (98 to 86), 11 points on Reading Fluency (91 to 80), and 2 points on Passage Comprehension (73 to 71).

Competency-Related Data

Records indicate that Mr. Davis has made statements indicating he had some level of understanding of the nature of the charges against him. In an RN (nursing) note date May 14,

2012, Mr. Davis stated, apparently regarding his arrest, "It was a mistake. They say something happened." "I saw some boys running and I was scared and started crying." "The police officers said something happened to a lady and she went to the hospital." In a Psychiatry note dated May 15, 2012, Mr. Davis was quoted as saying, "... that he had been told not to discuss the details of his case and to 'relax and chill...'".

Records indicate that on August 7, 2012, Mr. Davis described that he was being charged with "assault with attempt to kill" and he acknowledged that he was "being accused of some type of murder charge." He stated his attorneys would not be able to make the charges "go away" and stated that his charges would not be reduced to misdemeanors. On August 13, 2012, Dr. Hansen wrote that Mr. Davis was unsure what the police report said and had difficulties identifying examples of evidence in his case. On August 17, 2012, Dr. Hansen wrote that "he still has a good factual understanding of most items. However, he reported again today that he believes his charges 'might be dropped.'" He rated the seriousness of his charges as a "five, maybe a three" on a 1-10 scale with 10 being the most serious (note of Dr. Erik Hansen, October 1, 2012).

Dr. Solomon Meltzer, psychiatrist, wrote on November 19, 2012 that "Mr. Davis demonstrated an understanding of pleas and their consequences in addition to sentencing options and the significance of evidence. He was able to demonstrate rational thinking regarding legal strategy."

Records indicate that Mr. Davis has attended a variety of competency restoration groups, including one led by Drs. Godwin and Vindua, and another by an extern and Dr. Ivan Marin-Soler. In the opinion of Dr. Marin-Soler, Mr. Davis demonstrated an understanding of evidence, witnesses, pleas and their consequences, and working with an attorney (notes of January 8 and 15, 2013).

Mr. Davis generally stated he was not experiencing psychotic symptoms, though this was suspected by staff who observed him talking and whispering to himself (Psychiatry note of August 1, 2012).

CURRENT MEDICATIONS: Zyprexa Zydis 5mg every night at bedtime; Risperdal Consta 50 mg every two weeks delivered intramuscularly; Benzotropine Mesylate 1 mg orally every morning

CURRENT DIAGNOSIS: Axis I: Schizophrenia, Undifferentiated Type, Axis II: Diagnosis Deferred, Axis III: None, Axis IV: Problems with occupation and criminal justice system, Axis V: 39.

14. SUBSTANCE USE HISTORY

Mr. Davis stated he never used illegal drugs. Records from Green Door indicate: "Consumer denied experimenting with any substances, but his grandmother reported that 3 years ago, marijuana and PCP was found in his urine. Consumer nervously asked if he would be asked to submit a urine today, indicating that experimentation may still be taking place. There is no direct evidence of substance abuse at this time ...". Records indicate his grandmother believed Michael used PCP and marijuana regularly beginning in the seventh grade.

15. MENTAL STATUS EXAMINATION

Mr. Davis presented as a lanky African American male with somewhat long, unkempt hair, a beard, and mustache. His presentation was marked by a general flatness of affect, although there was some emotion of embarrassment detectable when he gave information about his background that was incorrect. For example, after he stated his brothers played basketball for a living, I informed him that they played football and asked how it was that he didn't know this, he replied, "That was a mistake." His presentation was also remarkable for his habit of listening to questions with his eyes nearly but not fully closed, and sitting with his arms at an angle so that his hands pointed towards one another. At first, it appeared that he was falling asleep, but it became clear that he was able to listen to, and respond appropriately and correctly to many, though not all questions. He explained that he "liked" to close his eyes almost completely, and he did this because he was "excited" about the opportunity to undergo a competency evaluation. His speech was generally linear and goal-directed. However, at times he repeated a number of words which meant the same thing when responding to some competency-related questions.

Thus, despite his nearly closed eyes which he presented with on two occasions, he was alert, oriented, and completely cooperative with the evaluation. He never asked for a break of any kind despite being repeatedly asked if he needed a break -- though these were provided anyway. His report of his history was at odds with some known details. He had difficulty remembering somewhat complex sequences of words , but was able to recall my name and my job (that I was doing a competency evaluation for the prosecutor) on the second occasion that I saw him. He also recalled that Dr. Lally had performed a competency evaluation "for the attorney" but was unable to recall Dr. Patterson's name – he started to say "Patter" but then said his name was "Berstyn." He appears to have somewhat limited intelligence, perhaps in the Low Average to Borderline range. He stated he has never heard voices, and answered in the negative as to whether he experienced a wide range of psychotic symptomatology. He stated he does not have a mental illness and thus his insight is poor. His judgment, by history, is markedly poor. He stated he does not have current suicidal or homicidal ideation.

16. COLLATERAL INTERVIEW INFORMATION

Telephonic Interview with Kristine Vindua, Psy.D. on March 14, 2013 for 25 minutes.

Dr. Vindua agreed to be interviewed after being informed of the limits of confidentiality with respect to the interview. She is the Clinical Administrator of Unit 1F, Shields House, St. Elizabeths Hospital, Washington DC. She stated that she coordinates treatment for Mr. Davis. In this role, she co-leads (with Dr. Michele Godwin) one of several competency groups the defendant participates in. In addition, she observes him directly on the unit and also observes him when he participates in periodic treatment team meetings wherein professionals involved in his care meet, discuss his progress, status, and treatment needs. The group Dr. Vindua co-leads is Mock Trial group. Mr. Davis reportedly also participates in a competency restoration group co-led by Dr. Lam and Dr. Yvonne Marin-Soler, and another group led by Dr. Meltzer.

Dr. Vindua stated that Mr. Davis is knowledgeable about the charges he faces. She indicated her opinion is based on the following: 1) he is able to "list" the charges, 2) he is aware that he is charged with Murder, 3) he knows that he is charged with Assault With Intent to Kill While

Armed. Regarding the latter, I inquired if Mr. Davis was able to state all components of the Assault With Intent to Kill While Armed at once, to which she replied, "I don't know." I then asked why she was of the opinion that he was fully aware of his charges, she replied that he is "able to give a description of what happened and what police say they charged him with." She then elaborated that he is able to give a "a pretty detailed account" of what is alleged to have happened. When asked if she believed that Mr. Davis understood the charges against him were very real, actually applied to him, and not just some academic exercise or theoretical abstraction, she replied, "We continue to see his affect doesn't match his words, but he understands that he is involved in something very serious. He is able to communicate that due to the seriousness of the charges he could serve life or be in the hospital indefinitely."

Dr. Vindua emphasized that one must probe some of Mr. Davis's answers to fully understand what he is saying. For example, if he is asked what will happen to him when the charges are resolved, he stated, "I want to go to school and get a job, get on with my life." However, if he is probed further, "He is able to acknowledge he will have to serve time or stay in the hospital."

Dr. Vindua commented on some of the psychological test results which suggest low range intellectual functioning. She stated, "What's interesting is that it is mentioned that he has a hard time with verbal comprehension (and) ...in mock trial it may appear as if he is not paying attention. He kind of looks catatonic. However, when you call him out and ask him a question he will provide the right answer. In mock trial group, his favorite role is to play juror. When they deliberate and you ask if you believe the defendant is guilty or not guilty and to provide reasons they are guilty or not guilty, he's been able to provide his own opinion and one way or another able to show us he can pay attention and reason about what is going on in the trial."

Dr. Vindua confirmed that Mr. Davis tends to spend his time with his eyes open just partially, and further described him as typically posturing where "his hands are facing each other, elbows rested on the arms of chair, and is fidgeting with his fingers. He used to mumble to himself quite often but we rarely see that happening now."

Telephonic Interview with Michele Godwin, Ph.D., on March 14, 2013 for 12 minutes

Dr. Godwin stated that she has observed Mr. Davis participating in a mock trial group which she co-leads with Dr. Vindua. Dr. Godwin stated Mr. Davis has participated in that group since soon after his admission at St. Elizabeths. Dr. Godwin described Mr. Davis's participation in that group as follows, "Initially, he would just sit in the back of room. I'd have to go up to him and ask if would participate and he would usually say no. He would usually just sit there. He was never a behavior problem. Within two months I encouraged him to play roles (in the mock trial group). He was most comfortable playing the role of juror . He has been the bailiff one time. He keeps up with the case (when he plays a juror). Every week there is a different hypothetical case. It seems like he understands what's happening ." Dr. Godwin stated if Mr. Davis has an opinion of whether the defendant is guilty or not guilty he is able to state his opinion and justify it based on evidence (e.g., by mentioning a gun with fingerprints on it)." Dr. Godwin stated that Mr. Davis may not voluntarily or spontaneously give a justification for an opinion, "... but if you ask he says why he seems to have some semblance of an understanding. He never appears

confused. He looks a little spacey but if you ask him questions he is more put together than his appearance suggests."

Telephonic Interview with Defense Attorneys Dana Page, Amanda David, and Laura Rose on March 11, 2013 for 30 minutes

This was a telephonic interview which the attorneys agreed to provide in order to assist me in evaluating Mr. Davis's CST. The attorneys were informed I would be taking notes and could include the notes in my report or testimony. Ms. Dana Page took the lead in communicating her opinions regarding Mr. Davis's current competency status. They clearly communicated that they were of the opinion that Mr. Davis did not have a factual understanding of the charges against him, a rational understanding of his case, nor could he assist them in defending himself at trial. As an example of a single point undergirding their opinion, they stated he could not correctly state the full term "Assault with Intent to Kill While Armed," and to the extent he could answer questions concerning competency to stand trial that these were "parroted" without demonstrating any true comprehension.

17. PRIOR COMPETENCY TO STAND TRIAL EVALUATIONS

May 9, 2012

Dr. Elizabeth Teegarden wrote that Mr. Davis spent much of two hours of an initial evaluation session reading the charges against him. He reportedly provided a rudimentary summary of the charges by saying, "something happened to somebody ... they were hit or something." He was unable to understand a verbal synopsis of the charges provided by the evaluator. The defendant provided incorrect answers to about half of the items on the Georgia Court Competency Test the first time it was administered. There was some degree of improvement in performance during a second administration of the same test two days later. Dr. Teegarden opined that Mr. Davis was not competent to stand trial.

July 10, 2012

Drs. Erik Hansen and Nicole Johnson performed a CST evaluation on July 10, 2012, with results summarized and sent to the court on July 12, 2012. Mr. Davis was evaluated as having some factual and rational understanding of the charges against him, but was confused about the use of evidence and had difficulty identifying evidence in his case. He did not possess an understanding of the consequences of pleading NGBRI. He was diagnosed with Schizophrenia, Undifferentiated Type and a rule out diagnosis of Borderline Intellectual Functioning.

September 18, 2012

Drs. Erik Hansen and Nicole Johnson performed a CST evaluation on September 18, 2012, with results summarized and sent to the court on September 20, 2012. Mr. Davis was described as being confused about several important concepts that are necessary for him to understand before

he could proceed to trial. In particular, he was described as lacking an appreciation of the seriousness of his charges. He was thus opined to be incompetent to stand trial.

November 30, 2012

Drs. Nicole Johnson, Erik Hansen, and Kristine Vindua participated in this competency evaluation, conducted on November 30, 2012, with results summarized and sent to the court on December 4, 2012. Mr. Davis was described as being able to "readily identify his current charges as Murder and two counts of Assault with Intent to Kill While Armed. He was able to give a concrete description of what the police report indicated happened and led to his arrest. He was aware of the severity of his charges ...". He was described as having undergone additional competency restoration activities, to include one-to-one competency restoration and participation in a mock trial group. It was opined that Mr. Davis was competent to stand trial.

18. COMPETENCY TO STAND TRIAL: TESTING PROCEDURES AND RESULTS

Tests and Procedures Administered:

1) Inventory of Legal Knowledge (ILK)
2) Competency interview
3) MacArthur Competency Assessment Tool- Criminal Adjudication (CA)
4) Evaluation of Competency to Stand Trial – Revised (ECST-R)

Test Results:

Interpretative Framework for Psychological Test Results:

The use of psychological testing in a forensic setting provides for the generation of objective data sets, the validity of which can be gauged against collateral and direct observations of the individual being assessed. If the data sets are, in the opinion of the evaluator, deemed valid, the data sets can then be interpreted against norms provided through research in an effort to accurately and objectively describe how individuals with similar scores or patterns of scores function in terms of their psychological characteristics or abilities, including competency to stand trial.

Psychological test data should not be considered in isolation. The formulations produced by many psychological tests are hypotheses based on scores and scale interpretations that have been developed on diverse groups of individuals comprising the test's sample population. The hypotheses generated are probabilistic in nature but have been identified as more likely to occur in individuals obtaining similar scores and similar patterns of scores. The application of these hypotheses to any given individual requires corroboration. By considering other sources and by integrating the test data with as many other sources as possible, including clinical interview, mental status examination, interview of collateral sources, independent records and other available test data, the hypotheses gain or lose support. Mr. Davis was administered a number of procedures and tests designed to assess response style and current competency status.

Validity and Analysis of Response Style:

Response style involves the approach the subject takes to being examined and ranges from minimizing and denying problems, through appropriately disclosing, to exaggerating, over reporting or fabricating problems. Other response styles which might invalidate test results include random responding, inconsistent responding or lack of effort. Both the ILK and the ECST-R address the issue of response style specifically with respect to the concept of CST.

The ILK is specifically designed to assess response styles of defendants undergoing evaluations of CST. The ILK provides information about response style by determining whether performance is significantly below chance and how measured performance compares to relevant reference groups. In Mr. Davis's case, his performance was above the level recommended for suggesting that a defendant might be feigning. In addition, his overall score is most similar to that of adult community controls and college student control subjects. Thus, Mr. Davis's performance on the ILK indicates that he was not attempting to feign incompetence to stand trial.

One component of the ECST-R provides a systematic screening for feigned incompetency to stand trial, with questions probing purported impairment and symptomatology specifically germane to competency issues. On this component of the ECST-R, there is no evidence of feigned incompetence to stand trial. If anything, results suggest the opposite, with some evidence of defensiveness or underreporting of impairment being provided by the ECST-R results.

In addition to the two specific measures administered to assess response style with respect to CST, it appeared clinically that Mr. Davis was attempting to do as well as possible during the interview. This inference is supported by multiple statements Mr. Davis made over two interview sessions, a review of records, and collateral interviews.

In summary, there is no discernible evidence that Mr. Davis is attempting to feign incompetence to stand trial.

Psychometric Assessment of Competency to Stand Trial

MacCAT-CA

The MacCAT-CA is a semi-structured assessment tool for structuring assessment of concepts relevant to competency to stand trial, including present knowledge of legal system and ability to learn new information, psycholegal abilities of understanding, reasoning, and appreciation, and provision of quantitative indices in reference to national norming samples. With respect to a national reference sample, Mr. Davis's scores on the MacCAT-CA suggests that he scored in the minimal or no impairment range on the Understanding scale, the mild impairment range on the Reasoning scale, and the mild impairment range on the Appreciation scale. These scales are designed to correspond to the Dusky prongs of factual understanding (Understanding scale), ability to consult with attorneys in a reasonable way (Reasoning), and rational understanding of their own legal predicaments (rational understanding, labeled Appreciation).

Mr. Davis's score on the Understanding scale of the MacCAT-CA is at approximately the 24th percentile compared to the Presumed Competent group, at the 64th percentile compared to the Presumed Incompetent group, and 72nd percentile compared to the Confirmed Incompetent group. For a point of reference, the higher the percentile, the better an evaluee does. Thus, if an evaluee's score is at the 90th percentile compared to a given group, it means that they did better than 90 percent of that comparison group, and worse than 10 percent of the same group. Mr. Davis's score on the Reasoning scale is at the 10th percentile for the Presumed Competent Group, the 44th percentile compared to the Presumed Incompetent Group, and the 56th percentile compared to the Confirmed Incompetent group. His score on the Appreciation scale is at approximately the 7th percentile for the Presumed Competent Group, the 48th percentile for the Incompetent group, and the 63rd percentile for the Confirmed Incompetent group.

Evaluation of Competency to Stand Trial-Revised (ECST-R)

The ECST-R is a semi-structured interview designed to assess psycholegal domains relevant to the legal standard for competency to stand trial as delineated in the *Dusky* standard. The ECST-R items yields scores for four scales that assess competency to stand trial, including: 1) Factual Understanding of Courtroom proceedings, 2) Rational Understanding of Courtroom proceedings, 3) Consult with Counsel, and 4) Overall Rational Ability. The ECST-R was specifically designed to be congruent with the Dusky standard and the author of the measure states that the ECST-R meets admissibility standards under *Daubert*.

The results of the administration of the ECST-R are as follows:

1) Factual Understanding of Courtroom Proceedings: The defendant misunderstood one key concept (did not fully grasp or comprehend why it would be a bad idea to talk to a prosecutor about his case without his attorney being present; slightly misstates his charge as being "Assault While Armed to Kill") but responded well to remediation. At present, the defendant evidenced an adequate overall level of factual understanding .

2) Rational Understanding of Courtroom Proceedings: Although specific deficits may be present, the defendant evidenced an adequate overall level of rational understanding.

3) Rational Ability to Consult With Counsel: Although specific deficits may be present, the defendant evidenced an adequate overall level of rational understanding.

4) Overall Rational Ability: Adequate level of overall rational ability.

Essentially, the overall results of the ECST-R indicate there is NO impairment in his competency-related abilities due to psychosis, he is not feigning impairment, and he may have circumscribed deficits in his factual and rational understanding of court process or in his ability to consult with counsel. ECST-R results should, just like all other data, not be considered in isolation when coming to a final conclusion about current CST status.

Competency Interview

Most assessments of CST are performed via unstructured interviews, with a number of questions generated by the evaluator to assess factual knowledge of charges and court processes, rational understanding of how specific charges apply in a given defendant's case, and ability of the defendant to consult with defense counsel.

Mr. Davis stated that he was charged with "assault" and explained that this meant that "somebody was physically hit with a hammer over the head." When asked how many assault charges he has, he replied, "three or two I think, three." When asked if the assault charges were listed as "just assault or assault with intent to kill," he replied, "assault with intent to kill." I then stated he had one other charge and asked him if he knew what that charge was, to which he replied, "I'm not sure, it was a mistaken charge. They were talking about something, about someone who was found hit." I then indicated that, "Just so you know, my role here is not to determine whether you are guilty or not, just to see if you understand enough to face the charges." He was then asked if knew the name of his other charge, to which he replied, "I'm not too sure. A Murder charge." I asked him if it was hard for him to say he was charged with Murder, to which he replied, "It's a mistake." I then stated, "You don't have to tell me about that, I just need to know if you understand that you do have a murder charge."

The following granular interview data are provided to assist the court in reviewing and understanding the defendant's current trial competence. The following is not a verbatim transcript and some questions and answers as actually asked and answered have been placed out of order to improve clarity for purposes of ease of reading and understanding. Breaks in the interview sequence are marked with the use of ellipses, i.e., "...".

Additional Interview Data Regarding Charges

Mr. Davis continued to interject terms of uncertainty regarding whether he in fact is charged with murder. The following interchange occurred.

Interviewer: Do you have a murder charge against you?
Mr. Davis: I think so.
Interviewer: Let me tell you, you do have a murder charge. I want you to be clear with your answer. Are you uncertain if you have a murder charge?
Mr. Davis: No.
Interviewer: Do you have a murder charge?
Mr. Davis: I think so.
Interviewer: When you say "I think so" if makes it sound like you are unsure.
Mr. Davis: It's a term for "yeah."

Interview Data Regarding Severity of Sentence & General Reaction to Charges

Interviewer: How long could you go to jail?
Mr. Davis: Misdemeanor a day to a year, felony a year to a lifetime.

Interviewer: In your case, how long could you go to jail?
Mr. Davis: No, we haven't really talked about if you found guilty how long you be going to jail.
Interviewer: What is the worst it could be?
Mr. Davis: Found guilty, serve jail time, not good, present time, not good.
Interviewer: So the worst could be time served if you are found guilty? Wouldn't that be a good outcome, time served, wouldn't you be free?
Mr. Davis: If you found guilty you get jail time, served prison time.
Interviewer: How much time would you get if you are found guilty on all charges?
Mr. Davis: We never discussed that. She just discussed about me being found not guilty.
Interviewer: Even if you didn't discuss being found guilty, what do you think the most amount of jail time you could get is?
Mr. Davis: Be like 10 years.
Interviewer: For murder?
Mr. Davis: That could be like 20 years.
Interviewer: Is life in prison a possibility?
Mr. Davis: Ahh, yeah, could be.
Interviewer: For a murder charge could you get life in prison?
Mr. Davis: Yeah.
Interviewer: So wouldn't that be the most amount of time you could get?
Mr. Davis: Yeah.
Interviewer: Are your charges misdemeanors or felonies?
Mr. Davis: Felonies.
Interviewer: How do you feel about being charged with these crimes?
Mr. Davis: I'm feeling not good.
Interviewer: What do you think will happen with the charges?
Mr. Davis: Hopefully I will be found not guilty.
Interviewer: Can you picture going to prison for the rest of your life?
Mr. Davis: No.
Interviewer: Could it happen?
Mr. Davis: It's possible.
Interviewer: What does the prosecutor do?
Mr. Davis: He's against you, to get you found guilty.
Interviewer: What are your charges again?
Mr. Davis: Assault.
Interviewer With?
Mr. Davis: With intent to kill.
Interviewer: How many of those charges are there?
Mr. Davis: Two.
Interviewer: There is one more charge.
Mr. Davis: Murder.

Interview Data Regarding General Understanding of Court Personnel & Process

Interviewer: What does the prosecutor do?

Mr. Davis: Against you, to get u found guilty.
Interviewer: What does Guilty mean?
Mr. Davis: You did the crime.
Interviewer: What does Not Guilty mean?
Mr. Davis: You did not do the crime.
Interviewer: In addition to Guilty and Not Guilty, there is a third plea.
Mr. Davis: NGBRI, meaning that you did the crime but not in your right state of mind when you did the crime.
Interviewer: Who decides whether you are guilty, not guilty, or insane?
Mr. Davis: The judge in a bench trial. In a jury trial the jury decides.
Interviewer: How does the judge or jury go about making that decision?
Mr. Davis: Evidence.
Interviewer: What things are evidence?
Mr. Davis: DNA, video, camcorder tape recording, testimonies, and so far a couple of other things.
Interviewer: What other things?
Mr. Davis: Fingerprints, hair particles.
Interviewer: What is testimony?
Mr. Davis: Like a speech was given. The witness gives testimony, gives evidence, their side of the story.
Interviewer: Are there witnesses in your case?
Mr. Davis: A couple of witnesses, my aunt, mom, grandma.
Interviewer: Are there any police witnesses?
Mr. Davis: No.
Interviewer: Did you read the police report?
Mr. Davis: I read it.
Interviewer: I think that a police officer would be a witness (interviewer's reads an excerpt from a police report). That officer would be a witness, wouldn't he?
Mr. Davis: I think so.
Interviewer: Is the judge fair?
Mr. Davis: Yeah, neutral.
Interviewer: Is the jury fair?
Mr. Davis: Yeah.
Interviewer: Do you think you will get a fair trial?
Mr. Davis: Yes.
Interviewer: Why?
Mr. Davis: They will be fair.
Interviewer: Any reason why they might not be fair?
Mr. Davis: No.
Interviewer: What is the judge's job?
Mr. Davis To make sentences.
Interviewer: What else?
Mr. Davis: Give a fair trial, decide if innocent or guilty.
Interviewer: How do they make the trial fair?
Mr. Davis: Listening to evidence. Listening to the lawyer, attorney, prosecutor. Listen to their side of the story.

Interviewer: What do you think of Judge Morin as a judge?
Mr. Davis: Good.
Interviewer: Why is he good?
Mr. Davis: He's a good judge.
Interviewer: What have you observed about him?
Mr. Davis: He's fair.

...

Interviewer: What is the purpose of a trial?
Mr. Davis: To determine guilt or innocent.
Interviewer: How many people are on a jury?
Mr. Davis: 12.
Interviewer: How many people on a jury have to agree to find you guilty?
Mr. Davis: All 12.
Interviewer: How many people on a jury have to agree to find you not guilty?
Mr. Davis: All 12.
Interviewer: What happens if the jurors can't all agree?
Mr. Davis: Hung jury.
Interviewer: What does that mean?
Mr. Davis: Mistrial.
Interviewer: What happens if there is a mistrial?
Mr. Davis: I haven't come up with an answer.
Interviewer: Would they do the trial over if there is a mistrial?
Mr. Davis: Over.
Interviewer: Would they do the trial again?
Mr. Davis: Yes.

Interview Data Pertaining to Defendant's Understanding of Prior and Upcoming Court Dates:

Interviewer: How many times have you been in court?
Mr. Davis: Four times.
Interviewer: For what?
Mr. Davis: The same thing as right now.
Interviewer: What did they discuss?
Mr. Davis: Competency, being competent to go forward.
Interviewer: To go forward with what?
Mr. Davis: To go forward with the case.
Interviewer: Right now, do you think you are competent or incompetent?
Mr. Davis: That's what the government wanted me to work on. The government wanted to make sure I'm competent.
Interviewer: They want to make sure you are competent? What's that mean to you, competent to stand trial?
Mr. Davis: Make sure you understand what's going on in court, the court proceedings.
Interviewer: Do you feel you understand what going on in court?
Mr. Davis: Yes.

Interviewer: Are there things you don't understand about court or have questions about?
Mr. Davis: Nothing.
Interviewer: Nothing?
Mr. Davis: No, if I do have problems I ask questions.
Interviewer: Who do you ask questions?
Mr. Davis: I ask people here.
Interviewer: If you are in court and you are having problems who would you ask?
Davis: I'm supposed to whisper to an attorney.
Interviewer: What is your understanding why the government is charging you in this case?
Mr. Davis: My understanding is I was subjected of, accused of hitting people with hammers.
Interviewer: And the government feels they have some reason to believe you did this?
Mr. Davis: Yes.
Interviewer: Do you know when your next court date is?
Mr. Davis: No, I think April.
Interviewer: Do you know what date in April?
Mr. Davis: I think the 28th.
Interviewer: How about the 22nd, does that sound right?
Mr. Davis: Yes.
Interviewer: What is that hearing going to be about?
Mr. Davis: Be about determine if I was competent or not.
Interviewer: Who's going to be there?
Mr. Davis: Everybody. The lawyer, prosecutor, attorneys.
Interviewer: Will you be there?
Mr. Davis: Yes.

...

Interviewer: How long will it be before your trial happens?
Mr. Davis: I have to be found competent first.
Interviewer: Have you decided if you will testify at your trial?
Mr. Davis: The lawyer told me not to worry about that, they were handling it.
Interviewer: How would you go about deciding if you should testify?
Mr. Davis: The lawyer said I should just listen, they are taking care of everything.
Interviewer: So you would listen to what your attorney told you to do?
Mr. Davis: Yes.
Interviewer: Have you been talking to anyone about your case other than your attorneys?
Mr. Davis: No.
Interviewer: Why not?
Mr. Davis: They haven't asked me anything, like the doctors here.
Interviewer: Would you talk to the news media about your case?
Mr. Davis: The lawyer told me not to say anything about the case.

Interview Data Pertaining to Defendant's Understanding of Plea Options and Decisional Competence with Respect to Pleas

Interviewer: Have you discussed entering a plea in your case?
Mr. Davis: I'm not sure.
Interviewer: What is a plea?
Mr. Davis: Plead guilty or not guilty or NGBRI or a plea bargain, plead guilty to a lesser charge for a lesser sentence.
Interviewer: What does guilty mean?
Mr. Davis: You did it.
Interviewer: What does not guilty mean?
Mr. Davis: You didn't do it.
Interviewer: What happens if you are found guilty?
Mr. Davis: You go to jail.
Interviewer: Probably for a long time?
Mr. Davis: Yes.
Interviewer: If you are found not guilty by reason of insanity what would happen to you?
Mr. Davis: Sent to a hospital, you get sent to a hospital.
Interviewer: In the District of Columbia, if you are found to be insane, what hospital do you get sent to?
Mr. Davis: St. Elizabeths.
Interviewer: How long for?
Mr. Davis: Could be for an indefinite period of time. Could be for 80 days or 80 years. Released if a danger or not at a Bolton hearing.
Interviewer: When does the Bolton hearing take place?
Mr. Davis: When you hospitalized.
Interviewer: When does the first Bolton hearing take place?
Mr. Davis: Could be 50 days.
Interviewer: You mentioned you don't think you would use the NGBRI plea, is that right?
Mr. Davis: There's no need for it.
Interviewer: Why is there no need for it?
Mr. Davis: Cause I don't have that sanity problem. I would just like to do a guilty or not guilty.
Interviewer: You don't think have mental illness?
Mr. Davis: No.

...

Interviewer: Have you talked to your attorney about a plea bargain?
Mr. Davis: No.
Interviewer: What do you think about that?
Mr. Davis: For lesser time, a better deal, better for someone if they going in for a big-time charge, a plea bargain for a better deal, for lesser time.
Interviewer: Can you think of any disadvantages to an insanity plea?

Interviewer: Does it make sense to plead insanity for a trespassing charge, where someone might get 10 days jail time maximum?
Mr. Davis: Nah, all you can get is 10 days.
Interviewer: Versus insanity?
Mr. Davis: You could be in for some years.
Interviewer: If you do plead guilty what rights do you give up?
Mr. Davis: Right to a trial, right to appeal.
Interviewer: What is an appeal?
Mr. Davis: I don't know.

At this point, the interviewer attempted to explain to Mr. Davis what an appeal is, and it was apparent he needed more education on this specific topic to fully grasp it.

Interview Data Pertaining to Defendant's Knowledge of Specifics of His Charges & Relationship with Attorneys

Mr. Davis is aware that he is charged with hitting victims with a hammer. Interview Data pertaining to this are as follows.

Interviewer: What is some of the evidence against you?
Mr. Davis: A jacket and witnesses' testimony.
Interviewer: What will the witnesses say?
Mr. Davis: Maybe say it was me that was hitting them with a hammer.
Interviewer: What other evidence is there against you?
Mr. Davis: Not so sure, witnesses statements and testimony.
...
Interviewer: Why is the jacket important?
Mr. Davis: Because it is a piece of evidence towards the case.
Interviewer: Do you know who the witnesses are?
Mr. Davis: I'm not sure.
Interviewer: Do you know what they saw?
Mr. Davis: No.
Interviewer: Was there a videotape of the crime?
Mr. Davis: No.
Interviewer: Do they have your fingerprints?
Mr. Davis: No, I don't think so, could be on the jacket.
Interviewer: Are there fingerprints on the hammer?
Mr. Davis: Could be.
Interviewer: What is the government's case against you then?
Mr. Davis: I was at the wrong place wrong time when they were looking for the person who did it. I was at the wrong block.
Interviewer: Do you ask your attorneys any questions?
Mr. Davis: No not really, I don't got no questions to ask them.

...

Interviewer: How many times did your attorneys visit you in the last two weeks?
Mr. Davis: Twice.
Interviewer: How much time did you spend with them?
Mr. Davis: One to two hours.
Interviewer: How many of the attorneys visited?
Mr. Davis: All three.
Interviewer: Did you have any questions about the trial?
Mr. Davis: No questions.
Interviewer: Do you have any concerns?
Mr. Davis: No.
Interviewer: Are you worried about anything?
Mr. Davis: No.
Interviewer: Why not?
Mr. Davis: I'm not really worried.
Interviewer: Going away to prison for life doesn't worry you?
Mr. Davis: It kind of worries me but they say just be honest.
Interviewer: You say the government believes that you have hit people in head with hammers, killing one person?
Mr. Davis: Yes.
Interviewer: But you don't know who they are?
Mr. Davis: No.
Interviewer: Have your attorneys explained who the witnesses are?
Mr. Davis: No.
Interviewer: Have they said what evidence the government has against you?
Mr. Davis: No, they haven't said what evidence, just that they are testing the jacket for DNA.
Interviewer: What is DNA?
Mr. Davis: DNA is, it's diagnostic or something, like blood.
Interviewer: What can DNA show?
Mr. Davis: It can show evidence, whether it was you or not.

...

Interviewer: What do you think about your lawyers?
Mr. Davis: I think they are helpful.
Interviewer: Helpful? Why are they helpful?
Mr. Davis: In understanding the problem, going over things.
Interviewer: Do you trust them?
Mr. Davis: Yes.
Interviewer: Do you get along with them?
Mr. Davis: Yes.

....

Interviewer: Have you ever called your attorneys?
Mr. Davis: Yes, yes, something like three times.

Interviewer: For what?
Mr. Davis: To ask a question.
Interviewer: Do you remember one question you asked?
Mr. Davis: Maybe asked what is the outcome of case.
Interviewer: Do you have their card?
Mr. Davis: Yes.
Interviewer: Are you sure you called with questions?
Mr. Davis: Yes, nobody picked up.

Mr. Davis maintains his innocence, he believes the truth will ultimately prevail, and he made reference to potential alibi witnesses which could be called in his behalf (though he did not use the word alibi).

19. DIAGNOSTIC IMPRESSIONS

Psychiatric diagnosis is made along five dimensions or "Axes." The summary of symptoms and syndromes of all currently recognized mental health disorders are outlined in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR) which is published by the American Psychiatric Association (APA). The Axes included in the DSM-IV-TR include: major clinical syndromes (Axis I); long-term personality functioning and mental retardation (Axis II); medical conditions related to psychiatric functioning (Axis III); psychosocial stressors (Axis IV); and global assessment of functioning or GAF score (Axis V).

Axis I Diagnosis: Major Clinical Syndromes

Mr. Davis clearly has a debilitating mental disorder. The disorder is most prominently characterized by a history of marked affective flattening, social withdrawal, auditory hallucinations, decrease in self-care, and unusual and rather bizarre behavior, such as his habit of talking to people while holding his arms in a rigid posture and keeping his eyelids some 90% closed. The onset of symptoms is not precise, but may have been as early as age 12 or as late as age 16. His current diagnosis is Schizophrenia, Undifferentiated Type and this diagnosis appears to capture the symptoms of mental illness he displays rather precisely. The diagnostic criteria for Schizophrenia are listed below, with criteria that I believe Mr. Davis meets being **bolded**. The course of his particular disorder has been continuous with prominent negative symptoms being present.

A. *Characteristic symptoms:* Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
(1) delusions
(2) hallucinations
(3) disorganized speech (e.g., frequent derailment or incoherence)
(4) grossly disorganized or catatonic behavior
(5) negative symptoms, i.e., affective flattening, alogia, or avolition

B. *Social/occupational dysfunction:* For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal

relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).
C. *Duration:* Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).
D. *Schizoaffective and Mood Disorder exclusion:* Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.
E. *Substance/general medical condition exclusion:* The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.
F. *Relationship to a Pervasive Developmental Disorder:* If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

There is a question as to whether Mr. Davis has at some point used PCP and marijuana on an ongoing basis, but this is not adequately documented enough to assign a current diagnosis of abuse of either substance.

Axis II Diagnosis: Mental Retardation and Personality Disorders

Psychological test results are discrepant as to Mr. Davis's level of assessed cognitive functioning. At the Youth in Transition program, at the age of 15, he obtained IQ scores that ranged from 59 to 99, with the Full Scale IQ being 71. He was diagnosed as having Learning Disorder NOS and it was suggested that Mild Mental Retardation be ruled out. Nevertheless, the Youth in Education Program never made a diagnosis of Borderline Intellectual Functioning or Mild Mental Retardation.

At St. Elizabeths Hospital, Mr. Davis's diagnostic formulation has carried a consideration for ruling out Borderline Intellectual Functioning. This refers to an individual whose cognitive functioning is the focus of clinical attention and where the person in question has a measured IQ of 71-84. Mr. Davis was tested as having an estimated IQ of 84 soon after admission to St. Elizabeths. However, subsequent testing in November 2012 indicated that Mr. Davis may have intelligence and academic achievement scores in the very low range of intelligence (which could also be described as being in the mentally retarded range). However, the latter result may be questionable given a near-contemporaneous finding of a low score on the Test of Memory Malingering. There does appear to be evidence of a cognitive decline which occurred by the time Mr. Davis was 15 years old, most likely due to his Schizophrenia. Such a decline is typical

for persons with a severe psychotic disorder. Given the prior finding of a 71 IQ at age 15, and an estimated IQ of 84 soon after admission to St. Elizabeths, assigning a diagnosis (technically a V Code designating a focus of clinical attention, not a diagnosis per se) of Borderline Intellectual Functioning appears warranted.

Axis III Diagnosis: Medical Conditions affecting Psychiatric Functioning

No medical conditions contributing to psychiatric functioning are known to be present.

Axis IV: Psychosocial Stressors

Axis IV is used for reporting psychosocial and environmental stressors that may affect the diagnosis, treatment, and prognosis of mental disorders. At present, Mr. Davis is experiencing problems related to interaction with the legal system.

Axis V: Global Assessment of Functioning (GAF)

The Global Assessment of Functioning (GAF) is for reporting the clinician's judgment of the individual's overall level of functioning and carrying out activities of daily living. This information is useful in planning treatment, measuring its impact, and in predicting outcome. The GAF is a 100-point scale that measures an individual's overall level of psychological, social, and occupational functioning on a hypothetical continuum of mental health and mental illness and ranges from a low of 1 (persistent danger of hurting self or others) to a high of 100 (superior functioning).

At present, Mr. Davis is assigned a GAF of 25. This score reflects that "**Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day; no job, home, or friends)." The bolding in the prior sentence is present in the original text in the DSM-IV-TR. Mr. Davis is isolative, has effectively never had a job, has no friends, has poor self-care, and engages in unusual or bizarre behavior (holding his eyes 90% closed while undergoing several hours of verbal testing).

20. CURRENT PSYCHIATRIC DIAGNOSIS

DSM-IV-TR DIAGNOSIS (Current):

Axis I:	295.90 Schizophrenia, Undifferentiated Type, continuous, with prominent negative symptoms
Axis II:	V62.89 Borderline Intellectual Functioning
Axis III:	None
Axis IV:	Interaction with the legal system
Axis V:	Global Assessment of Functioning (GAF) = 25

21. FORENSIC OPINION: COMPETENCY TO STAND TRIAL

In the District of Columbia, competence means that a defendant has sufficient present ability to consult with his or her lawyer with a reasonable degree of rational understanding and has a rational, as well as a factual, understanding of the proceedings against him. Using this standard, it is my opinion, offered to a reasonable degree of psychological certainty, that Mr. Davis is presently competent to stand trial. Although this is a more difficult case than many to offer an opinion on, the most reliable data consist of the psychometric measurement of competency. These data indicate that there is no impairment in Mr. Davis's competency related abilities – as assessed by the ECST-R -- other than limited or circumscribed deficits. The MacCAT-CA, another psychometric measure used to assess competency, offers a more nuanced view of Mr. Davis's present competency status. There, he has scores in the mild impairment range on the scales designed to measure ability to consult with counsel and ability to rationally understand his particular situation. He is at the 10th and 7th percentile, respectively, on these two scales compared to a group of Presumed Competent jail inmates. While the scores on these two scales are somewhat low, members of these comparison groups did not require competency assessment, and consisted of unscreened jail inmates and jail inmates receiving mental health treatment, but not needing competency assessment services.

While the psychometric data may be the most reliable indicators of CST status, they should not be taken in isolation. The overall picture of Mr. Davis is that he clearly has a factual understanding of his charges and the court process. He does have difficulty stating the full term "assault with intent to kill while armed," but he is aware is charged with assaults via hammer attack, and many times will include the term kill or intent to kill in his verbiage. There is less clarity on his ability to rationally understand the charges against him, i.e., what his charges are, how they came about, and how he can reasonably defend against them. He does have difficulty recapitulating a scene-by-scene account of what is charged in the government summary. There are references in the medical records, and in my interview with Dr. Vindua, that Mr. Davis has been able to give a detailed accounting of the charges against him. He did not do this with me. Nevertheless, he understands the basics of the charges as listed in the police affidavit (hammer attacks, three individuals, one dead), he understands that police arrested him, and he believes that he was arrested because he was in the wrong place at the wrong time. He understands that a jacket which appeared to be stained with blood may be a key piece of evidence in his case because DNA could prove it is his jacket. His rational understanding of specific evidence that is relevant in his case is his weakest ability, both as measured by my own judgment and by the MacCAT-CA, but, given the knowledge that he does possess, he passes the rational understanding prong, in my opinion, at this time.

Finally, there is a need to discuss whether he has sufficient present ability to consult with his lawyers with a reasonable degree of rational understanding. Mr. Davis is clearly a cooperative individual. He understands basic the basic framework of the legal system and his charges. He trusts his attorneys and generally appears willing to follow their advice. He understands the possible benefits of a plea bargain. He mentioned witnesses that could be called to provide a possible alibi. He showed no evidence of being overtly delusional, and there was no evidence of psychosis impairing any aspect of his competency status or decisional abilities as measured by both clinical interview and the ECST-R. Mr. Davis is an interpersonally passive, withdrawn, and

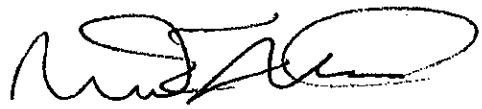
laconic individual, and this will make working with him more of a challenge for his attorneys. But, he has the ability to understand advice about the best course to follow and the possible advantages of a plea bargain if offered. He demonstrated the ability to make rational choices concerning basic issues such as whether he should testify, though he stated that this issue had not been the focus of his meetings with attorneys as the focus has been on his competency status. In sum, I believe he has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding. I believe Mr. Davis is presently competent to stand trial.

22. LIMITATIONS OF OPINION AND DATA INTERPRETATION

The report above is based upon a large amount of information from multiple sources. The information contained herein is believed to be an accurate and sufficient basis to form both clinical and forensic opinions with a reasonable degree of psychological certainty. However, if any information is factually incorrect or inaccurate, I would appreciate it if this information was brought to my immediate attention so that I can expeditiously review and correct any and all factual inaccuracies identified. In addition, should I be given additional data that casts substantial doubt upon either my clinical or forensic opinions that have been offered in this report I will notify the US Attorney's Office and write an addendum to this report. It is important to keep in mind that my opinions are limited by the scope and accuracy of the data on which they are based and could possibly change if new data are provided.

23. Point of Contact

Questions regarding this report can be directed to Dr. Michael Sweda at (301) 717-3416.



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AMERICAN COLLEGE OF MENTAL HEALTH ADMINISTRATION

March 21, 2013

Robert Feitel, Esq.
Assistant United States Attorney
United States Attorney's Office
Of the District of Columbia
555 4th Street, N.W.
Washington, D.C. 20530

Re: United States v. Michael Davis
Case Numbers: 2012-CFI-8036; 2012-CF3-7286; 2012-CF3-7288

Confidential
Forensic Psychiatric Examination

Dear Mr. Feitel:

Introduction

As you will recall, I was requested by your office to perform an independent forensic psychiatric examination regarding Mr. Michael Davis' competence to proceed with trial, and in his order dated 2/13/13 the Honorable Judge Robert Morin ordered that such an examination be performed. This report is based on my independent forensic psychiatric examination of Michael Davis regarding his competency to proceed for trial.

Pursuant to Judge Morin's order, I examined Michael Davis in a confidential setting at Saint Elizabeths Hospital on 3/12/13 and 3/14/13. Mr. Davis was apprised of the limits of confidentiality, the nature and purpose of the examination, and that I had been retained in this matter by the Office of the U.S. Attorney, and agreed to participate in the examination.

In addition to examining Mr. Davis, I reviewed the following documents:

1. Court order by the Honorable Judge Robert Morin, dated 2/13/13
2. Department of Mental Health Competency Screening Report, dated 5/19/12
3. Department of Mental Health Competency Evaluation Report, dated 12/4/12
4. DMH Saint Elizabeths Hospital records 5/11/12 – 2/16/13
5. Department of Corrections medical records 4/28/12 – 5/11/12
6. Green Door medical records 10/19/11 – 5/11/12
7. Youth in Transition school records
8. Department of Mental Health Competency Assessment Report, dated 7/12/12
9. Department of Mental Health Competency Reassessment, dated 9/20/12
10. Gerstein Proffer
11. Pre-Trial Services Agency Report
12. United States Attorney's Statement of Charges

I also conducted a collateral interview of the defendant's attorneys, namely Dana Page, Esq., Laura Rose, Esq., and Amanda Davis, Esq. I also consulted with Michael Sweda, Ph.D. regarding his psychological testing of Mr. Davis.

Background Information and Reason for Referral

Mr. Michael Davis has been charged with Murder in the First Degree and Assault with Intent to Kill While Armed (two counts). Mr. Davis was arrested on 4/27/12 and detained at the D.C. Detention Facility until his transfer to Saint Elizabeths Hospital on 5/11/12.

The Grand Jury Indictment charges Michael Davis with first degree murder while armed, premeditated, with aggravating circumstances; assault with intent to kill while armed; and aggravated assault while armed. The Grand Jury listed nine counts which include one count of first degree murder while armed premeditated (aggravating circumstances), four counts of assault with intent to kill while armed and four counts of aggravated assault while armed.

Background and Collateral Information

The records reviewed indicate that prior to his incarceration Mr. Davis was enrolled as a student in the Youth in Transition School in Baltimore, Maryland from the 9^{th} – 11^{th} grade.

After his arrest, Mr. Davis was admitted to the District of Columbia Department of Corrections' Central Detention Facility on 4/28/12. He was screened by a social worker who referred him to the mental health unit for further assessment because he demonstrated blunted affect, circumstantial thought processes, slowed motor activity, and what were noted as cognitive concerns although he denied any past or current mental health treatment. A court alert indicated he had been diagnosed with Schizophrenia and ADHD and prescribed Benadryl and Seroquel. He was also noted to be a patient at the Green Door prior to incarceration. After his arrival on the mental health unit, his mental status was described as continued blunted affect and also with poor insight and judgment, delusions, thought blocking, and slowed motor activity. He was noted to be very cooperative with staff and reported at that time that he had been receiving mental health treatment prior to incarceration. During a psychiatric assessment, he informed the psychiatrist that he attended the Green Door and the Youth in Transition School in Baltimore, and was unsure as to whether or not he took medication. The psychiatrist noted possible cognitive deficits but did not prescribe any medication. On 4/30/12 he was ordered Risperdal Consta, an antipsychotic medication given by injection every two weeks or once a month, and Seroquel to be taken every night. His diagnosis was listed as Schizophrenia, Undifferentiated Type. Mr. Davis was subsequently started on Risperdal by mouth and the Seroquel was discontinued, however Haldol Decanoate, another antipsychotic medication given by injection every two weeks or once a month, was prescribed on 5/2/12 after the psychiatrist at the Detention Facility consulted with the psychiatrist at the Green Door.

The Pre-Trial Services Agency Report for the District of Columbia Superior Court noted that the lockup drug test result was negative on 4/28/12. The only criminal history noted was a juvenile arrest for the charge of habitually truant with a disposition of probation for one year. No adult criminal history of arrest was noted and the defendant denied alcohol or illegal substance abuse to jail personnel. Mr. Davis was transferred from the Detention Facility to Saint Elizabeths Hospital on 5/11/12 where he has remained.

Mr. Davis has received intensive treatment at Saint Elizabeths Hospital since his admission on 5/11/12. Although he was assigned to participate in the Therapeutic Learning Center (TLC), including competency groups specifically designed to assist patients with understanding issues related to court procedures, personnel, pleas, penalties and other matters of competence pertaining to a factual and rational understanding of their charges and proceedings and ability to assist their attorneys, his attendance and participation did not begin until approximately 9/14/12. He has received individual instruction and teaching with regard to competency from hospital staff since his admission in May 2012. He has received multiple competency examinations and screenings. The first of these took place as a competency screening in the D.C Superior Courthouse Cellblock on May 7 and May 9, 2012, and resulted in the recommendation to the court that he was at that time incompetent to participate in court proceedings, and further

evaluation was necessary following mental health treatment and competency training. It was further recommended that he required placement in an inpatient treatment facility in order to conduct an adequate examination.

Mr. Davis was assessed again for competency on 7/10/12 by a psychiatrist and clinical psychologist at Saint Elizabeths Hospital. He was noted then to have improved in that he could repeat his charges to the evaluators, understood they were felony charges, and the sentencing guidelines for felonies. He could identify key figures in court, understood the judge is neutral and keeps order in court, and that his attorneys are on his side and prosecuting attorneys are against him. He also reported an adequate understanding of the role of the jury, how many individuals comprise the jury, and that his attorneys were helpful to him and had been in communication with him. It was noted he had a clear understanding of witnesses, however had difficulty identifying evidence in his case. He understood plea options and what it meant to plead guilty or not guilty, but was less clear on the plea of Not Guilty by Reason of Insanity and the consequences of such a plea. He was not able to understand the concept of plea bargaining and was not able to apply it to his case. He was noted to believe the judge would be fair and his attorneys were working on his behalf, but had difficulty relating concepts relevant to legal proceedings such as the role of evidence in a trial.

Mr. Davis did not express delusional or paranoid ideation and did not appear to be experiencing auditory or visual hallucinations that interfered with his ability to think or express himself. The doctors opined that Mr. Davis was then incompetent to proceed with his case, although he had some factual and rational understanding of his charges and the legal proceedings, because he remained confused about several key components essential to attaining competency to proceed. They noted a diagnosis of Schizophrenia, Undifferentiated Type, and a rule-out diagnosis of Borderline Intellectual Functioning.

On September 1, 2012 Mr. Davis was reassessed for competency by a psychiatrist and clinical psychologist at Saint Elizabeths Hospital. He again was able to state he was aware that he had felony charges although he stated initially that the charges were "assault while armed" and "assault to kill". He said that if found guilty he could receive a year to life and when given options stated he thought he could receive five to seven years for his charges. He also said that if found not guilty he could be sentenced to jail for a few years or that he could get probation instead of jail; and when asked why he would be sentenced if found not guilty, he reportedly replied "I don't know." The doctors noted that Mr. Davis had a difficult time defining concepts specific to his case and was unclear as to what happens if a person is adjudicated Not Guilty by Reason of Insanity. It was also noted that during that examination he was observed to be mumbling to himself and also seemed to be responding to internal stimuli. He did not express paranoid or delusional ideation, however his posture was rigid and it was noted that he did not

regularly take care of his grooming or hygiene and often appeared disheveled. His affect was also noted to be flat and the doctors opined that his progress in understanding issues related to competency seemed to have plateaued.

The doctors also noted that since his admission Mr. Davis had met individually with hospital staff to assist in his understanding of competency material, but had not regularly attended competency groups or mock trials because he refused to attend the Therapeutic Learning Center (TLC) where the groups are held. It was noted in the report that on September 14, 2012 Mr. Davis began attending the TLC and competency groups and mock trial exercises on his schedule but his participation had been limited and spontaneous responses minimal. The doctors opined that although he had some factual and rational understanding of the proceedings, he lacked an appreciation of the seriousness of his charges, was unable to adequately assist his attorney in his defense, and was unable to apply specific components of adjudicative competency to his case such that he was currently incompetent to proceed with his case. They added, however, that there was substantial potential that he would obtain competency or make substantial progress toward that goal with an additional period of time, and they recommended continued hospitalization. His diagnosis remained Schizophrenia Undifferentiated Type and rule-out Borderline Intellectual Functioning.

On November 30, 2012 Mr. Davis was seen by the same psychiatrist and psychologist with an additional psychologist and psychiatric resident for a competency evaluation. He was noted to readily identify his current charges as murder and two counts of assault with intent to kill while armed and was aware of the severity of his charges along with a rational sentencing option. It was noted he wanted to be released but was aware that was unlikely and that if found guilty he would spend a significant time in prison and could be sentenced to "life because of my felony charges." He was noted to know the three plea options, that he would be relinquishing his right to trial and right to an appeal if he pled guilty, and understood the concept of a plea bargain. He knew the key participants at trial and their roles and responsibilities, as well as the role of evidence in a trial and identified based on the police report possible evidence which could be used in his case if he went to trial. He was aware that he did not have to testify and that both prosecution and defense could call witnesses. He also knew the role of the jury and that the judge was unable to change the jury's verdict. He verbalized an understanding of the NGRI plea, return to the hospital, and the Bolton hearing in which if found dangerous due to mental illness he could be sent back to the hospital for an indefinite period of time. It was noted Mr. Davis voiced trust for his attorneys and that they were working in his best interest and were doing the best they could to protect him.

Mr. Davis was noted to have no psychotic thoughts regarding the fairness of the judge or going to trial, and stated he believed he could receive a fair trial. It was noted that he had been

participating in weekly mock trials, receiving one-on-one competency education, and attending competency groups at the hospital and that the educational experiences had helped him understand the legal system and to be able to work through his own case rationally. It was noted that he continued to have an "emotional disconnect" with his case, and he "feels bad for the victims but that due to his mental illness he didn't show a real connection as to what was happening and the impending result if he is to proceed." It was noted, however, this emotional disconnect did not interfere with his ability to be competent.

It was noted that psychological testing involving the cognitive achievement tests of the Woodcock Johnson demonstrated Mr. Davis has significant cognitive and achievement delays. It was also noted that he has poor memory and difficulty with verbal and listening comprehension such that he "is going to have difficulty listening, understanding what he hears, consider the words that others use and develop a response." It was also noted that he would have difficulty remembering what people say and that these factors need to be considered as he proceeds in this case. The doctors opined that there were several factors that may have influenced his scores including possible exposure to cocaine and alcohol in utero, possible head trauma, using substances at a very young age including possibly PCP, and his mental illness. Further, his formal education had been inconsistent due to missed school as well as walking out of class. It was further noted that his affect was flat and he was withdrawn with lack of spontaneous speech and poor hygiene. These symptoms began for Mr. Davis around age nine according to his grandmother and father.

The doctors noted that taking the psychological evaluation results into consideration, extra efforts were made to restore Mr. Davis' competency and at the time of his examination he had an adequate factual and rational understanding of the legal process and the present ability to be able to work with his attorneys. As such they opined that he was currently competent to proceed but noted he has a mental illness which affects his comprehension at times and therefore suggested he be given ample time and concrete explanations to assist in his understanding of his situation and what is expected of him. They further noted that he has shown an ability to be educated and with repetition able to remember things that he is taught. His diagnosis remains Schizophrenia, Undifferentiated Type, and he is continuing to receive psychotropic medication. He is also receiving consistent exposure to competency material that he has learned and it was recommended that he remain in the hospital to continue these efforts.

On 3/14/13, I conducted a collateral interview with defense attorneys Dana Page, Laura Rose and Amanda Davis. The defense counsel gave a comprehensive summary of their views of their clients' competence for trial including their opinion that he is not competent because he does not have a factual or rational understanding of the charges and proceedings and does not have the ability to assist them in his defense.

Examination of Michael Davis

Mr. Michael Davis was examined on 3/12/13 and 3/14/13in a confidential setting at Saint Elizabeths Hospital. Prior to each examination session, he was apprised of the nature and purpose of the examination to focus on his competency for trial, and the limits of confidentiality in that the results of the examination would be shared with the court, his attorneys and the U.S. Attorney's Office by report and possible testimony. He stated he understood my statements and the limits of confidentiality, and agreed to participate in each of the examination sessions.

Mr. Davis reported his date of birth as 9/27/92 and added that he was born in Washington, D.C. and has lived in Washington, D.C. all of his life. He stated at the time of this examination he believed he had been at Saint Elizabeths Hospital for the past four to five months and had been attending the Therapeutic Learning Center (TLC), including competency groups which he reported meet five days per week. Mr. Davis's appearance was notable for his uncombed hair and unkempt clothing. He was mildly malodorous during the first appointment, and did not maintain appropriate eye contact during either examination session, instead looked down toward the floor. When I pointed this out to Mr. Davis, he replied that he had been sleeping and was still sleepy even though he had been receiving services in the TLC immediately prior to our meetings. He stated that he sometimes becomes sleepy in the groups but that he does attend and participates. He was able to name three facilitators of the competency groups he attends. He also reported that he is taking Risperdal and Vitamin D since his admission to Saint Elizabeths Hospital.

I asked Mr. Davis to tell me more about his family history and he told me that he has two older brothers and three younger sisters who all grew up together in the family home which included his maternal grandfather and grandmother, his mother and father and all of their children. He stated his grandparents became the primary caregivers as his father and mother lived in a house down the street. He told me the reason the children lived with the grandparents was because it was closer to school. He reported he attended Truesdale Elementary School followed by Martha Washington High School for approximately one year and subsequently the Youth in Transition (YIT) School in Baltimore, Maryland, from 9th through 11th grades. He was attending the YIT when he was arrested on these charges. He reported he had some friends he would see in school and that he got along well with teachers. He stated his grades were "good" and consisted primarily of "B's and C's and also some A's" particularly in social studies. He added that he attended gym and played basketball for fun but never played any organized sports. He continued that he twisted his elbow once but he had no history of head trauma or loss of consciousness. He thought YIT was a trade school and he was studying building and maintenance and he "did good."

I asked Mr. Davis if his family is supportive and he responded that they are and that none of them have given him a hard time about his current circumstances. I asked him if there were any famous people or athletes in his family, and he initially said he thought basketball players and named two individuals, and then corrected by staying "no I think football players."

I asked him if he had used any drugs or alcohol during his youth and he reported that he never used any drugs or alcohol including never tasting alcohol. He stated that he was exposed to secondhand cigarette smoke by his family members.

When I asked about any past arrests, he stated that he "got put in a hospital for not going to school" when he was attending Martha Washington. He stated the hospital was PIW and that he was not sure of the year but it may have been 2009. He stated he was there for a couple weeks for "testing and evaluations" and that he was not prescribed any medications. When I asked specifically if anyone had diagnosed him as having a mental illness or ADHD he answered "no."

With regard to past mental health history, Mr. Davis stated the first time he talked to a mental health professional was a "school psychiatric" when he was about 12 years old who told him to always be respectful but said that he did not have a mental illness. He stated that when he was approximately 15 he saw a doctor who he refers to as "Mrs. Rebecca" who told him that he "may have been bipolar." When I asked what that meant he stated it was "not controllable yourself, or split personality." I asked if he agreed with that, and he replied "no I didn't think I had a mental illness." He reported he believes he saw her for about two months in her office. He stated that he first took medication when he was 16 for bipolar symptoms but he couldn't remember the name of the medication. He further reported that at age 17 he saw a doctor who he thought was "Mr. Jason" and they talked about what had been going on when he was growing up and his daily activities but he does not believe he was prescribed any medication by this doctor. I asked him specifically if he recalled having been at the Green Door, and he said that he believes that began when he was 18 and he was there for "evaluation and testing" and "also for medication" that he thought was "Advar something" and he also had medication by injection but he did not know the name of the medication. He stated the injections were given every three weeks for "bipolar symptoms – like I told them I was getting headaches and stuff."

We talked about his being admitted to the D.C Jail after his arrest which he thought had been for about two weeks but he was not sure of the unit or whether he was given medication. He reported that since his transfer to Saint Elizabeths he was given a Risperdal shot which was changed to a pill for "bipolar symptoms." In terms of his symptoms, he denied hearing voices or seeing visions, and stated he does not think he is mentally ill.

We discussed specifically issues related to competence for trial. Mr. Davis reported to me that his charges were "assault while armed, two or three counts, and murder." In response to my questions, he responded that these are felony charges and the penalty for felony charges could be "a year to life" and for misdemeanor charges could be "one day to one year." He reported the charges are serious and that they could result in a long prison sentence for him if he were convicted. I asked Mr. Davis to tell me about the possible pleas that he could enter and he responded that the pleas could be not guilty, which meant that he "did not do the charge" and if the judge agreed he would "go home"; guilty which meant that he "did do the crime" and that if the judge agreed he "would go to jail for some years"; and if the plea was Not Guilty by Reason of Insanity it meant he was "not in my right state of mind when I did the crime" and he would "come to the hospital." I asked if it could be any hospital and he replied it was Saint Elizabeths and when I asked how long he said "50 days to 80 days for the Bolton hearing" and "then it could be indefinite." I then asked him who would determine how long he stayed at Saint Elizabeths, and he said "the judge, by listening to witnesses, different people in court, the doctors." I asked him what he thought happens at a Bolton hearing and he replied "if dangerous back to the hospital, 50-80 days, eight years or indefinite".

We then discussed the court personnel and in response to my questions he stated that a judge "keeps order in the court, he makes the sentences and rulings." When I asked him who did the judge represent, he said "nobody, the judge is neutral." Regarding the jury "it could be a jury trial", and when I asked who decides there is a jury, he replied "the defense – not sure". I asked Mr. Davis if he had any concerns about the judge or the jury and did he think they would be fair, and he replied "yeah as long as you be honest they should be fair". I asked if there was anything special about him for them not to be fair and he said "no".

In response to questions about defense attorneys and their roles, Mr. Davis's answer was "to be on your side, before you – to be found not guilty." He elaborated that his attorneys are "Ms. Dana Page, Ms. Amanda". I asked how he got along with his attorneys and what he thought of them, and Mr. Davis replied "they good, fair, feel good about them." He responded "yeah" to my question as to whether or not he thought they wanted to help him. When I asked if there was anything he felt he couldn't tell them, he responded "no" and in response to if there was a disagreement with them who would make the decision, he replied "we get to talk about it, they decide". When I asked about who they represent he responded "me".

In response to questions about the prosecutor, he said the prosecutor would "be against you, wants you found guilty," and when queried as to who they represent he said "the government, the victim." I asked who else is in the courtroom, and he said "the defendant, me." I asked Mr. Davis his responsibility, and he said "to be respectful, quietly speak to your lawyer if anybody is

lying against you, be honest." When I asked him if he would have to testify in a trial and his reply was "no don't have to but you could", and in response to my question as to how he would decide he responded "with your lawyer."

Mr. Davis then offered that in addition to the other personnel that he said were in the courtroom, including the judge, jury, defense attorneys, prosecutor and the defendant, was the bailiff, who he described as "he's security, he calls to order." He then went on to say other persons who could be in court also include the witnesses who were defined as "somebody who says they know something about what happen, suppose to testify; if they say something wrong you quietly whisper to your attorney – don't be disrespectful." Mr. Davis described a plea bargain as "a deal for lesser time – got to be found guilty in order to plea bargain".

I asked Mr. Davis if these specific charges that he had reported, assault while armed and murder, were about him, were they about someone else, or just kind of general, and he stated "yes they are about me." When I asked what did they say you did, while cautioning him not to say anything about what he was thinking at that time or whether he did or didn't commit these acts, he said "they say I hit somebody with a hammer." I asked how many people did they say, one or more, and he replied "two or three." During the second examination, I asked Mr. Davis what happened to those three people and had one of them died or been killed, and he responded "yes, one died and the other two were hurt." We again reviewed the various pleas including Guilty, Not Guilty, and Not Guilty by Reason of Insanity, and he stated that he would "feel real good" if he were determined to be not guilty, and that he "wouldn't feel too good because everybody would like to be out of a hospital, to be home" if he were found to be Not Guilty by Reason of Insanity or guilty and sentenced to prison.

Mr. Davis and I also discussed issues regarding evidence and when asked what evidence is he replied "like video cameras, recordings, DNA, testimonies." I asked him about evidence in his case, and he replied "a jacket and testimonies." I then gave him several hypothetical situations of witnesses testifying including an example with a police officer as a witness, and in each example he stated that he would turn to his attorneys and whisper to his attorneys that he disagreed or that the witness was not telling the truth and specifically what the witness was lying about.

I asked Mr. Davis if he understood why he was seeing so many doctors and he said "for testing to make sure I'm competent". I asked him then if he thought he was competent and he replied "yeah". I then asked him whether or not he had some idea of what comes next after these evaluations, and he said "we continue and go to trial". When I asked about when he thought his court date might be, Mr. Davis replied "April 11 or 12."

I asked Mr. Davis if he had any difficulty reading or writing and he reported he does not. I also asked if he has any problems in the groups or in communicating with staff or patients, and he again replied that he does not, that he understood what is being said in the groups and that he participated in the groups. I then asked what his daytime activities consist of, and he said "groups, watching TV, games, and different activities" such as "the treatment mall." I asked Mr. Davis about his past experiences in court and he stated that he thought he has been in court four or five times for about seven hours each time and when I asked if he had any trouble sitting in court or paying attention to what was going on, he answered "no." I asked him if he had felt sleepy in court and he again replied "no." I asked if he did feel sleepy or felt like he was confused what would he do, and he replied that he would "tell my attorney" and "I would let my attorney know." I ended the second session by asking him if he thought he was ready to go and deal with this whole thing, and he answered "yeah". I asked if he was tired of waiting and he replied "kind of, yeah".

At the end of each appointment I asked Mr. Davis if there was anything else he thought I should know so I could better understand him and his situation as well as his ability to participate in a trial or if he had any questions for me, and at both appointments his response was "no".

Mental Status Examination

On mental status examination, Mr. Davis was able to provide the correct dates on each of the appointments, that he was at Saint Elizabeths Hospital, that we were working on competency and that my name is Dr. Patterson. He avoided eye contact throughout the first appointment as well as the second, and instead looked down toward the floor. I commented on his posture in the chair and he said "my head down?" I told him 'yes' and 'you don't look at me as I'm talking to you,' and he replied he was "excited and interested about competency." He continued, "ever since I was young I haven't looked at people."

I conducted a more formal mental status examination on the second appointment which was notable in that his appearance had improved and he was not malodorous. His hair was uncombed and long and when I asked about that he stated that he had washed his hair that morning when he took a shower. I also told him that I had seen in the record that there were consistent concerns by staff about his hygiene, and he replied that there are "other people on the unit smelling bad."

I asked him how he was feeling on that second appointment and he stated that he was "feeling good." I asked him if he had ever felt depressed and he stated that he would get depressed when he would lose a basketball game when he was growing up and he feels a little bit depressed when

he loses games at Saint Elizabeths. I asked him to rate his feelings on a scale of one to ten with one being feeling awful, terrible and very bad and ten feeling on top of the world and very good and he reported he felt a "ten." I asked him why he felt a ten and he said it was "because God is blessing people." I asked him more about that including the reality that he is facing very serious charges and whether he was upset or bothered by that, and he replied "but a blessing to be where God put you at." I asked if he understood the penalties if he is convicted of these charges and he said "could be 20 years or life." I asked how he felt about that and he initially said "I feel a little bit bad" and when I questioned why he said little bit he stated "it's really a lot bad, I try not to think about it."

Mr. Davis' thought content does not reveal delusional content during our discussion of his current functioning and his thought processes are linear with no evidence of derailment, flight of ideas or looseness of associations. When I asked him to interpret proverbs, his interpretations are particularly concrete for two proverbs and appropriate for two others. He has difficulty calculating serial sevens and took long pauses between the numbers of 93, 85, 78, and 82/72 indicating that he had difficulties in calculating quickly and was also inaccurate. With serial threes, he did better with no significant delays, however he was inaccurate indicating 17, 14, 12, 9, 6, 3 and 1.

With regard to his perception Mr. Davis denies having hallucinations in any of the five senses including auditory, visual, gustatory, tactile and olfactory currently or in the past. He does not appear to be hallucinating or otherwise distracted during my examinations. Mr. Davis denies any history of suicidal ideation or plan. I did not ask him about any homicidal ideation, thoughts, plans or behaviors.

Mr. Davis' insight is poor in that he does not believe he has a mental illness and that he thinks the doctors at Saint Elizabeths do not think so either but were providing medication because the doctors at Howard University had given him medication for a bipolar diagnosis in the past.

Mr. Davis' judgment appears to be fair for his activities of daily living in the hospital in that he reports no negative interactions including fights or problems with patients or staff and the records support this. His hygiene remains poor.

Diagnostic Impressions

Axis I:	Schizophrenia, Undifferentiated Type (295.90)
Axis II:	No Diagnosis (V71.09)
Axis III:	No Diagnosis
Axis IV:	Stressors include severe and persistent mental illness, and very serious criminal charges with potential for long-term incarceration
Axis V:	GAF 60

Conclusions and Recommendations

Based on my review of the records as indicated in this report, examinations of Michael Davis, and collateral interview as noted, it is my opinion to a reasonable degree of medical certainty that Mr. Davis is competent for trial as he has a sufficient factual and rational understanding of the criminal proceedings against him as well as the plea options, penalties, responsibilities of court personnel and himself, and has the ability to assist his attorneys in his defense.

I recommend that he remain at Saint Elizabeths Hospital for continued treatment of his mental illness and reinforcement of his understanding of the legal process with the assistance of the staff at Saint Elizabeths Hospital.

I hope this report has been informative and will remain available for further participation in this matter as necessary.

Sincerely,

Raymond F. Patterson, M.D.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

December 4, 2012

Our Reference: DMH/SEH/NJ/pas
Your Reference: Criminal Case Numbers

Michael Davis (#926,431)
2012 CF3 7286; 2012 CF3 7288
2012 CF1 8036; PDID#: 601-024

The Clerk
Criminal Division
Superior Court
of the District of Columbia
500 Indiana Avenue, NW, Room 4110
Washington, D.C. 20001

Dear Sir:

We wish to call to your attention the case of Michael Davis, who was admitted to Saint Elizabeths Hospital by Court order on May 11, 2012 under the provisions of Title 24, Section 531.03 of the D.C. Code for mental examination, with report due on or before July 13, 2012, with charges of Assault With Intent to Kill While Armed (two counts) and Murder One pending.

Reference is made to our most recent letter to the Court dated September 20, 2012, in which we reported that Mr. Davis was incompetent to proceed with his case. Subsequently, we received notice that the case was continued until December 5, 2012.

A competency evaluation was conducted on November 30, 2012 for Michael Davis by Nicole Johnson, MD, Forensic Psychiatrist. Drs. Erik Hansen and Kristine Vindua, Licensed Clinical Psychologists were both present and participated in the evaluation. Albert Fombu, MD, psychiatry resident, was also present. Mr. Davis was made aware of the non-confidential nature of the evaluation and informed that a letter would be generated for the court, based on the information discussed, where the judge and all attorneys would have access to the letter. He agreed to proceed with the evaluation.

Mr. Davis was able to readily identify his current charges as Murder and two counts of Assault with Intent to Kill While Armed. He was able to give a concrete description of what the police report indicated happened that lead to his arrest. He was aware of the

severity of his charges along with a rational sentencing option. Although he indicated a desire to be released, he was aware that this was unlikely and that he would, if found Guilty, spend a significant time in prison for the above crimes. He stated that he could be sentenced to "life because of my felony charges." He knew the three plea options available to a defendant (Guilty, Not Guilty and Not Guilty By Reason of Insanity-NGBRI) and the consequences of each plea. He was also aware that he would relinquish the right to a trial and the right to an appeal if pleading guilty. With some education, he was able to verbalize the appeal process and knew that without a trial, there could not be an appeal. He understood the concept of a plea bargain and that a defendant must plead Guilty in order to accept a plea agreement. He knew the key participants in a trial and their roles and responsibilities. He identified the role of the judge, prosecuting attorney, defense attorney, jury, and witnesses. He knew the role of evidence in a trial and was able to identify, based on the police report, possible evidence which could be used in his case, if it went to trial. He was able to verbalize that a jacket and book bag, which the police wrote were discovered, could be used against him in a trial. He was aware that the prosecutor along with the defense could call witnesses, one of which could be him, but he was not obligated to testify. He was able to provide possible witnesses, based on the police report, who could testify, including the victims who are alive and the police who arrested him. He knew the role of the jury and that, with a unanimous decision, the judge was unable to change the verdict. He verbalized an understanding of the NGBRI plea and that he would be sent back to the hospital, if this was the result of his case. He was able to identify the Bolton Hearing and that a defendant, who was found to be dangerous due to his mental illness, would be sent back to the hospital for an indefinite period of time.

Mr. Davis voiced a trust for his attorneys. He was able to identify four attorneys who are helping him with his case. He stated that he trusts their opinion and would be able to follow the directions they gave him. If they instructed him to testify and tell his side of the story, he would, and if they told him to let them put on witnesses to make their case without him testifying, he would be able to do that. He felt they were working in his best interest and were doing the best they could to protect him. He harbored no psychotic thoughts regarding the fairness of his judge or going to trial and stated that he believed he could receive a fair trial. He was able to work through hypothetical scenarios with rational answers. Mr. Davis has been participating in weekly mock trials, receiving one-on-one competency education and attending competency groups at the hospital. These educational experiences have helped Mr. Davis understand the legal system and helped him to be able to work through his own case rationally. He continues to have an emotional disconnect with his case and, although he says that he feels bad for the victims, he is unable, due to his mental illness, to show a real connection with what has happened and the impending result, if he is to proceed. This emotional disconnect does not interfere with his ability to be competent, it just helps to better understand his limited reaction to his circumstance.

Furthermore, Mr. Davis was assessed for psychological and cognitive functioning by Dr. Erik Hansen to assist in diagnostic clarification and treatment recommendations.

DAVIS, Michael – The Clerk, Criminal Division, Special Proceedings
The Superior Court of the District of Columbia

Results of the evaluation indicated that Mr. Davis has significant cognitive and achievement delays as measured on the cognitive and achievement tests of the Woodcock-Johnson. His scores were predominately in the Very Low to Low range of abilities with the exception of his basic reading ability, which is in the Low Average range. Of note, Mr. Davis' listening comprehension as measured on the Oral Expression cluster is considered to be in the Very Low range of ability. His verbal comprehension is also considered Very Low. Finally, on measures of memory, cognitive flexibility, thinking ability and memory, Mr. Davis also scored in the Very Low to Low range. He has a poor memory and difficulty with verbal and listening comprehension. Thus, Mr. Davis is going to have difficulty listening, understanding what he hears, consider the words that others use and develop a response. He is also going to have difficulty remembering what people say. These factors need to be considered he proceeds in his case.

There are a number of factors that have influenced his scores. It is possible that he was exposed to cocaine and alcohol while in utero. Individuals that were exposed to cocaine and alcohol during fetal development are at greater risk for cognitive delays, learning disabilities, poor performance in school, and problems with concentration, information processing, and attention. Other factors that might have influenced Mr. Davis' cognitive abilities include possible head trauma. His family members reported that when he was playing football, beginning about age eight or nine, he started experiencing significant headaches. These were rather debilitating and left Mr. Davis unable to continue playing. Mr. Davis also reportedly began using substances at a very young age, around eleven. Records indicate he also may have tried PCP about that same time. It is not clear how much Mr. Davis consumed or how frequently he was using, however this may also have played a role in his current cognitive abilities

Mr. Davis' mental illness may also be influencing his cognitive abilities. Individuals with a serious mental illness similar to Mr. Davis often have problems with memory, concentration, and may have disorganized thoughts. As cognitive tests data suggested, Mr. Davis has significant problems with his memory and his concentration can wane.

In addition to the factors mentioned above, Mr. Davis' formal education has been inconsistent. He frequently missed school and was charged with Truancy in 2008. Additionally, after he started using substances, he would often walk out of class. His grandmother reported he would walk out of class and go sit in the bathroom. Mr. Davis reported he left to go out and talk to girls. His significant difficulty with language and verbal comprehension may have, in part, been a factor in his leaving class. Although it's not clear why he left, what is clear is that he was not consistently in class or in an educationally rich environment where he could receive an adequate education developed for his specific needs.

Test results from personality measures did not provide valid or interpretable information due to his response style. However, it is apparent that Mr. Davis has a serious mental illness that includes auditory hallucinations and significant negative symptoms, including

flat affect, withdrawal, lack of spontaneous speech, and poor hygiene. Throughout the assessment process with this evaluator, Mr. Davis' affect was consistently flat. He rarely smiled or demonstrated any emotion and often sat rigidly. Even when discussing a serious and stressful topic, Mr. Davis' affect did not change. He is reported to spend most of his time alone in his room and often does not speak to others unless he is first spoken to. Mr. Davis' hygiene is also poor. It was observed during the evaluation that he hair was often unkempt, his fingernails often needed to be trimmed and his clothes were dirty and disheveled.

These symptoms appear to have begun in Mr. Davis around age nine. His grandmother reported he was diagnosed with ADHD about that time but was unable to identify why he had this diagnosis. His father and grandmother reported that his symptoms worsened around age 12 or 13. Mr. Willis reported that he noticed his son began talking to himself about that time. He reported he often listened to head phones but even when the head phones were off he would talk and laugh to himself. His grandmother reported that at about this age his behavior worsened but she had difficulty defining the behaviors. She was able to recall that he left his classes to sit in the bathroom, had trouble remembering and focusing. His father reported that about this time when he came to see him he started spending more time by himself and less time playing with other kids. His grandmother reported she started getting more complaints coming from his teachers at school and that they suggested she get him additional help. Ms. Davis reported she started taking him to local hospitals, including PIW and Howard University Hospital. He is now connected to the Core Service Agency, Green Door.

According to Ms. Davis, his symptoms worsened about 18 months ago. She stated that he stopped keeping up his grooming and hygiene. His father also reported he seemed to be worse but was unable to describe his behaviors. Ms. Davis stated that he "acted like he didn't care" and would take off his clothes and lay on the bathroom floor. His odd behaviors resulted in an admission to the Department of Mental Health's Comprehensive Psychiatric Emergency Program in May of 2011.

Taking the psychological evaluation results into consideration, extra efforts were taken to restore Mr. Davis' competency as stated above (e.g., mock trial and one-to-one competency education). Based on Mr. Davis having an adequate factual and rational understanding of the legal process and having the present ability to be able to work with his attorneys, he is currently competent to proceed in his criminal matter. Mr. Davis has a mental illness which affects his comprehension, at times, and therefore it is suggested that he be given ample time and concrete explanations to assist in his understanding of his situation and what is expected of him. He has shown an ability to be educated and, with repetition, able to remember things that he is taught.

Mr. Davis is diagnosed with Schizophrenia, Undifferentiated Type. He is currently receiving medication for the treatment of his mental illness. Due to his mental illness and need for consistent exposure to the competency material that he has learned, it is

DAVIS, Michael – The Clerk, Criminal Division, Special Proceedings
The Superior Court of the District of Columbia

recommended that he remain in the hospital for continued competency until the adjudication of his criminal case.

Sincerely,

Patrick J. Canavan, Psy.D.
Chief Executive Officer
Saint Elizabeths Hospital

By: Stephanie Wilson, MD for
KyleeAnn Stevens, M.D.
Director of Forensic Services

c:
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